

# PREA Facility Audit Report: Final

**Name of Facility:** Twin Falls Community Reentry Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 03/11/2024

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> Crystal Y Norment	<b>Date of Signature:</b> 03/11/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Norment, Crystal
<b>Email:</b>	crystal.norment@gmail.com
<b>Start Date of On-Site Audit:</b>	02/21/2024
<b>End Date of On-Site Audit:</b>	02/22/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Twin Falls Community Reentry Center
<b>Facility physical address:</b>	616 Washington Street South, Twin Falls, Idaho - 83301
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	Tasha Crouse
<b>Email Address:</b>	tcrouse@idoc.idaho.gov
<b>Telephone Number:</b>	208-644-7900

<b>Facility Director</b>	
<b>Name:</b>	Tasha Crouse
<b>Email Address:</b>	tcrouse@idoc.idaho.gov
<b>Telephone Number:</b>	208-644-7900

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Brandi Morgan
<b>Email Address:</b>	brmorgan@idoc.idaho.gov
<b>Telephone Number:</b>	O: 208-644-7900

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	160
<b>Current population of facility:</b>	157
<b>Average daily population for the past 12 months:</b>	157
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	21-66
<b>Facility security levels/resident custody levels:</b>	Minimum
<b>Number of staff currently employed at the facility who may have contact with</b>	17

<b>residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	9
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	15

<b>AGENCY INFORMATION</b>	
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<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>	
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<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>			
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<b>Name:</b>	Teresa Jones	<b>Email Address:</b>	tjones@idoc.idaho.gov
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<b>Facility AUDIT FINDINGS</b>	
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<b>Summary of Audit Findings</b>	
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The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

**Number of standards exceeded:**

0

**Number of standards met:**

41

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-02-21
2. End date of the onsite portion of the audit:	2024-02-22

#### 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:	Noemi Juarez, Director of Programming Magic Valley Rape Crisis Center noemi@vavmv.org 208-733-0100

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	160
15. Average daily population for the past 12 months:	157
16. Number of inmate/resident/detainee housing units:	3
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>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	156
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	0

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>5</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>16</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>15</p>

<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>9</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>Contractors include medical - Centurion, commissary,- Keefe, ITS State Tech</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>14</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input 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 </p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>I selected 5 from each housing tier. The population is not diverse in terms of race. I selected residents who had been at the facility for atleast a year and those who had been at the facility more than 30 days.</p>

<b>56. 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>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	7
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	2
<b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	2

<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I inquired of residents who wore glasses. I interviewed one resident who had one eye due to an accident in his youth. I included him as a physical disability as he also had a spinal injury.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I inquired if there were any residents with a hearing aid. There were none at the facility.</p>

<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>I inquired if there were any residents who required an interpreter for other matters. There was one resident who spoke Russian, but he did not need an interpreter and stated that he understood written and oral english.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were no residents who disclosed this during screening.</p>

<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were no residents who disclosed this during screening or required any special clothing items.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There had been no cases or allegations made at the facility.</p>

<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>3</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This is a community reentry center and they do not have a special housing unit. They have no cases or allegations at the facility.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>I increased the number of required random resident interviews to make up for the lack of targeted residents</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>2</p>

<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b></p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>The facility has two officers on each shift with two shifts. I interviewed one from each shift. All other staff filled the specialized staff requirements.</p>

**Specialized Staff, Volunteers, and Contractor Interviews**

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

<b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	16
<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. 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)

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

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

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input 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>82. 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>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

**84. Did you have access to all areas of the facility?**

Yes

No

**Was the site review an active, inquiring process that included the following:**

**85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?**

Yes

No

**86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?**

Yes

No

**87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

Yes

No

**88. Informal conversations with staff during the site review (encouraged, not required)?**

Yes

No

<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>I was able to access all areas of the facility during both day and evening hours. I observed intake on two new commitments. There was no visiting during the time of the on-site visit. I was able to observe a medical emergency in which resident was taken to outside hospital for treatment.</p> <p>I observed the control room functions and had them test camera functions and angles to ensure proper coverage of areas.</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>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>I reviewed visitor sign in logs in the housing units. I reviewed the intake screening sign in for resident education on PREA.</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.

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

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

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

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

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

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

### Sexual Harassment Investigation Outcomes

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

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

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

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>There were no cases or allegations at Twin Falls during the past 12 months.</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

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

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

- Yes  
 No

### Non-certified Support Staff

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

- Yes  
 No

## AUDITING ARRANGEMENTS AND COMPENSATION

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

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

**Identify the name of the third-party auditing entity**

AB Management and Consulting, LLC

<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>115.211</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>115.211</p> <p>DOCUMENTS:</p> <p>IDOC SOP 149, Prison Rape Elimination</p> <p>IDOC Organization Chart</p> <p>IDOC Facility Organization Chart</p> <p>INTERVIEWS:</p> <p>Agency Director</p> <p>Agency PREA Coordinator</p>

Facility Director

Facility PREA Compliance Manager

115.211 (a) (b) IDOC Standard Operating Procedures #149, and the IDOC

organizational charts meet the requirements of this standard. The agency's zero tolerance against sexual abuse is clearly established and the policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The policy establishes a position of Agency-Wide PREA Coordinator with the responsibility to oversee the implementation and management of Prison Rape Elimination Act of 2003. The facility PREA compliance manager under the direction of the Agency PREA Coordinator carries out their duties.

The Twin Falls Community Reentry Center (TFCRC) Facility Director has appointed a PREA compliance manager with responsibility to coordinate with the Agency PREA coordinator to oversee the implementation and management of the Prison Rape Elimination Act of 2003. Both the agency PREA Coordinator and Facility Compliance Manager through interviews advised they have sufficient time and authority to coordinate efforts to comply with PREA standards.

The agency policies outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment. Residents are informed orally about the zero-tolerance policy and the PREA program during in-processing and additional admission and orientation

presentations.

Residents are advised during Intake about PREA and the facility rules and regulations. They are advised to let staff know if they cannot read or understand the information. The information is offered in English and in Spanish in written formats. The auditor noted during the tour that written information regarding PREA was visible in all areas of the facility. All written documents are available in English and Spanish. Interpretive services are available for residents with limited English speaking or reading skills.

Employees, Residents, Contract and Volunteer staff received PREA training to include the duty to report and zero tolerance.

Based on these findings and auditor observation and review of documentation, the facility is in compliance with this standard.

<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 400 376">115.212</p> <p data-bbox="280 483 475 519">DOCUMENTS:</p> <p data-bbox="280 627 983 663">IDOC SOP 147.06.06.001 - Contract Management</p> <p data-bbox="280 698 836 734">Saguaro Correctional Center - Contract</p> <p data-bbox="280 842 464 878">INTERVIEWS:</p> <p data-bbox="280 985 644 1021">Agency PREA Coordinator</p> <p data-bbox="280 1057 635 1093">Agency Contract Monitor</p> <p data-bbox="280 1200 1465 1442">115.212 The Idaho State Department of Corrections contracts with two private agencies who house their residents outside of the state during the review period. Core Civic operates the Saguaro Correctional Center in Saguaro, Arizona. Management Training Corporation operates the Correctional Alternative Placement Program near Boise. The contract with MTC ended in July, 2023. Both contracts required the private agency to comply with PREA standards.</p> <p data-bbox="280 1550 1445 1630">Both facilities have been audited for compliance of PREA standards within the last three years and found to be compliant.</p> <p data-bbox="280 1738 1436 1818">Based on this information, the auditor has determined that the agency meets the requirements of this standard.</p>

<b>115.213</b>	<b>Supervision and monitoring</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

115.213

DOCUMENTS:

IDOC Policy 149 - Prison Rape Elimination

Staffing Plan TFCRC

Unannounced Rounds Logs

INTERVIEWS:

Facility Director

Facility PCM

Higher-Level Staff

115.213 (a) (b) (c) (d) IDOC policy requires the Facility Director along with the PREA Coordinator to review the staffing plan at least once a year. Interviews with the Shift Commander, 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. If needed after that, the facility director may give permission to augment with supplemental staff from other facilities in the area. 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. 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. A comprehensive tour of the facility was conducted during the audit that included looking for blind spots, reviewing camera coverage and available staff in areas that

	<p>residents are assigned. The auditor found one blind spot in the kitchen that a mirror can be added to cover that spot. The facility director and PREA Coordinator indicated that they would have a mirror installed.</p> <p>Based on this information, the auditor has determined that TFCRC is in compliance with this standard.</p>
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<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.215</p> <p>DOCUMENTS:</p> <p>IDOC SOP 317.0.01.001 Searches</p> <p>IDOC SOP 149 Prison Rape Elimination</p> <p>Staff Training Attestation</p> <p>Training Curriculum for Searches</p> <p>INTERVIEWS:</p> <p>Staff Interviews</p> <p>Resident Interviews</p> <p>115.215 (a) (b) (c) (d) (e) (f) The above policies meet the mandates of this standard. Cross-gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. Officers would be required to document all cross-gender strip searches and cross-gender visual body cavity searches. Interviews with random staff</p>

	<p>confirmed that they were aware of the prohibition of visual body cavity or strip searches of the residents of the opposite sex except in exigent circumstances. Staff interviews also confirmed that female officers had been trained to conduct cross-gender pat searches. Staff interviews indicated they received cross-gender pat search training during initial and annual training. The auditor observed that each tier has individual shower curtains for privacy. There are cameras in the shower area and residents expressed a concern about their privacy. The auditor reviewed the cameras from the control center and found that the facility placed a black out screen on the cameras to prevent a staff from viewing the resident while dressing from the shower. The auditor advised the facility director to have town hall to inform the residents of the screens and to paint a line in front of showers so the residents know the coverage area of the screen. The facility has implemented a policy that all opposite gender staff working the units will announce themselves and random resident interviews confirmed that female staff are announced regularly prior to entering the housing tier. Random residents were interviewed and acknowledged they were allowed to shower, and use the toilet without being viewed by staff of the opposite gender; however, they expressed concern about the dressing area in front of the showers. This situation was addressed and remedied during the on-site visit. The auditor observed the written notifications which stated Opposite Gender must announce prior to entering the unit. Staff interviewed were aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. During the past 12 months, there were no exigent circumstances that required cross-gender viewing of an inmate by a staff member at TFCRC.</p> <p>Based on the review of policies and observations during the on-site visit to the housing units, and interviews with staff and residents it has been determined that Twin Falls is in compliance with this standard.</p>
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<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.216</p> <p>DOCUMENTS:</p>

	<p>IDOC Policy 149 Prison Rape Elimination</p> <p>IDOC Contract with Language Link</p> <p>English/Spanish PREA Posters</p> <p>English/Spanish Handbook posted in Housing Units</p> <p>INTERVIEWS:</p> <p>Agency Head</p> <p>Facility Director</p> <p>Staff Interviews</p> <p>Resident Interviews</p> <p>115.216 IDOC Policy 149 outlines the agency’s requirements to effectively communicate with residents with disabilities and language barriers. There were no residents at Twin Falls with a language barrier identified during the on-site visit. Residents with physical disabilities indicated that they were able to read and understand the PREA information.</p> <p>Random and Targeted Resident interviews revealed that they were knowledgeable about ways to report an allegation if needed.</p> <p>The agency maintains a contract with Language Link for interpretation services for languages other than English and with the American Sign Language for those needing that service. Interviews with staff indicated that they are aware that they would use an interpreter from Language Link if it was needed for a PREA report.</p> <p>Based on this information, it is determined that Twin Falls is in compliance with this standard.</p>
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<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>115.217</p> <p>DOCUMENTS:</p> <p>IDOC Policy 149 Prison Rape Elimination</p> <p>IDOC SOP 150 Background Checks</p> <p>IDOC Policy 211 Hiring</p> <p>INTERVIEWS:</p> <p>Agency PREA Coordinator</p> <p>Facility PREA Compliance Manager</p> <p>SIU Background Check Supervisor</p> <p>Facility Human Resource Manager</p> <p>115,217 The auditor reviewed the sample background checks submitted for new hires and promotions and 5 year reinvestigations and found that they are completed yearly by hire date. The auditor reviewed the signed self-declaration for PREA included in the application packet. The SIU Background Unit also conducts the background checks for contract staff and volunteers.</p> <p>Based on the review of sample documents and interviews, the auditor has determined Twin Falls is in compliance with this standard.</p>
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.218

	<p>DOCUMENTS:</p> <p>Facility Blueprints</p> <p>Facility Camera Plan</p> <p>INTERVIEW:</p> <p>Facility Director</p> <p>Agency Head</p> <p>115.218 Twin Falls Community Reentry Center opened in 2020 after extensive renovation of the buildings. There are 40 cameras installed around the facility. The Facility Director may request additional cameras if a need arises. The facility is considered New Construction.</p> <p>During the on-site visit, the auditor looked at the camera coverage from the control center and during the facility walk-through. The auditor did not note any areas that needed additional camera coverage to better facilitate a safe environment for the staff and residents.</p> <p>Based on this review, the auditor has determined that Twin Falls meet the requirements of this standard.</p>
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<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.221</p> <p>DOCUMENTS:</p>

	<p>IDOC Policy 149 Prison Rape Elimination</p> <p>IDOC Policy 504 Investigations and Intelligence Program</p> <p>IDOC Policy 116 Custody of Evidence</p> <p>MOU with Magic Valley Rape Crisis Center</p> <p>INTERVIEWS:</p> <p>Agency Head</p> <p>Investigator</p> <p>Staff Interviews</p> <p>Director Magic Valley Rape Crisis Center</p> <p>Director of Nursing, St. Luke Regional Hospital</p> <p>115.221 The Idaho Sexual Assault Kit Initiative Advisory Group (ISAKI) developed a protocol based on the national protocol. IDOC Policy 149 outlines procedural steps for access to forensic medical exams and access to victim advocates. The Facility does not perform Forensic examinations. A resident would be taken to St. Luke Regional Hospital where they would contact the Magic Valley Rape Crisis Center to provide emotional support and the hospital has SAFE/SANE nurses on duty. If a nurse needed to be called in, they have a one-hour report time.</p> <p>The facility investigators are trained in preserving physical evidence and staff interviews determined that staff are aware of the protocol to preserve evidence.</p> <p>Based on this information, the auditor has determined that Twin Falls is in compliance with the requirements of this standard.</p>
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<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>115.222</p> <p>DOCUMENTS:</p> <p>IDOC Policy 149 Prison Rape Elimination</p> <p>INTERVIEWS:</p> <p>Agency PREA Coordinator</p> <p>Facility PREA Compliance Manager</p> <p>Facility Director</p> <p>115,222The Agency policy requires all staff to report any allegations that they are made aware of to their immediate supervisor. All allegations are referred for investigation to the facility investigator. Allegations that involve staff are referred to Idaho State Police for investigation. Twin Falls did not have any allegations during the audit period. Staff interviewed were aware of the policy guidelines and staff duty to report.</p> <p>Based on this information, the auditor has determined that Twin Falls meet the requirements of this standard.</p>
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<b>115.231</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.231</p> <p>DOCUMENTS:</p>

IDOC Policy 149 Prison Rape Elimination

POST Training Curriculum

IN-Service Training Curriculum

Staff First Responder Card

Attestation Sign In Sheets for Training

INTERVIEWS:

Agency PREA Coordinator

Facility PREA Compliance Manager

Staff Interviews

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

The auditor reviewed the power-point training curriculum and the staff sign-in sheets to indicate they received the training. Staff interviews also indicated that they received the training during POST. The two staff for the AM/PM shifts were new and had not been there long enough to receive annual training.

The auditor interviewed eighteen specialized staff and a volunteer and contract staff who indicated that they received the PREA training. All staff acknowledged their duty to report and were aware of first responder duties. Security staff carry a first responder pocket card.

Based on this information, the auditor has determined that Twin Falls meet the requirement of this standard.

115.232	Volunteer and contractor training
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 400 376">115.232</p> <p data-bbox="280 483 475 519">DOCUMENTS:</p> <p data-bbox="280 627 847 663">IDOC Policy 149 Prison Rape Elimination</p> <p data-bbox="280 698 778 734">IDOC Policy 606 Volunteer Services</p> <p data-bbox="280 770 584 806">Volunteer Application</p> <p data-bbox="280 842 667 878">PREA Volunteer Agreement</p> <p data-bbox="280 913 943 949">Training Sign-In Sheets for Medical Contractors</p> <p data-bbox="280 1057 464 1093">INTERVIEWS:</p> <p data-bbox="280 1200 644 1236">Agency PREA Coordinator</p> <p data-bbox="280 1272 660 1308">Medical Contract Interview</p> <p data-bbox="280 1344 557 1379">Volunteer Interview</p> <p data-bbox="280 1487 1473 1603">115.232 IDOC policy require that all volunteers and contractors who have contact with residents receive PREA training. The training incorporates all the requirements of this standard.</p> <p data-bbox="280 1711 1437 1827">Interview with the medical contractor revealed that she receives the PREA annual training from the contractor, Centurion. She was knowledgeable of her duty to report, limits to confidentiality, evidence protocol, and on-going medical needs.</p> <p data-bbox="280 1841 1414 1957">Interview with the religious volunteer revealed that he was aware of his duty to report, and protocol to protect the alleged victim and physical evidence. He indicated that he was due next month for his annual training.</p>

	Based on this information, the auditor has determined that Twin Falls is in compliance with this standard.
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115.233	Resident education
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="280 553 564 584"><b>Auditor Discussion</b></p> <p data-bbox="280 629 400 660">115.233</p> <p data-bbox="280 772 475 804">DOCUMENTS:</p> <p data-bbox="280 916 847 947">IDOC Policy 149 Prison Rape Elimination</p> <p data-bbox="280 987 770 1019">Twin Falls Living Guide (Handbook)</p> <p data-bbox="280 1059 767 1090">American Sign Language Contract</p> <p data-bbox="280 1131 620 1162">Language Link Contract</p> <p data-bbox="280 1202 552 1234">PREA on JPay Kiosk</p> <p data-bbox="280 1274 469 1305">PREA Posters</p> <p data-bbox="280 1346 654 1377">Orientation Sign-In Sheets</p> <p data-bbox="280 1489 464 1520">INTERVIEWS:</p> <p data-bbox="280 1632 448 1664">Intake Staff</p> <p data-bbox="280 1704 686 1736">Random Resident Interviews</p> <p data-bbox="280 1776 770 1807">Facility PREA Compliance Manager</p> <p data-bbox="280 1919 1481 2076">115,233 IDOC policy requires that residents receive orientation on facility rules and regulations as well as PREA. During intake, the residents are given a written copy of PREA brochure and residents rights and responsibilities are reviewed. During the on-site tour, the auditor noted the PREA information throughout the facility. Inmate</p>

	<p>interviews revealed that residents were aware of what PREA is and their right to be protected from abuse and harassment. They were aware of multiple ways to make a report of an allegation and felt comfortable with talking to staff if needed. The auditor had a resident utilize the hotline to make a report and it was a recording in which they could leave a message. The auditor left a test message. The recording was immediately received by the Agency PREA Coordinator.</p> <p>The auditor interviewed four residents with physical and cognitive disabilities. The residents indicated that their disability did not prevent them from understanding the PREA information and they knew how to make a report if needed. The auditor noted that PREA information was posted in each housing unit and in common areas around the facility to include the visiting area.</p> <p>The auditor reviewed a sample of resident orientation sign-in sheets to indicate that PREA was discussed during intake.</p> <p>Based on this information, the auditor has determined that Twin Falls is in compliance with this standard.</p>
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<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.234</p> <p>DOCUMENTS:</p> <p>IDOC Policy 149 Prison Rape Elimination</p> <p>IDOC SOP 504 Investigations and Intelligence Program</p> <p>Certificate of Completion for Investigator Training</p> <p>IDOC Investigator Training Curriculum</p> <p>INTERVIEWS:</p>

	<p>Staff Investigator</p> <p>115,234 IDOC Policy 149 requires agency investigators to complete training regarding the investigation of sexual abuse in a confinement setting. The auditor interviewed 2 of the facility investigators who completed the NIC online course and a three day course provided by IDOC.</p> <p>The facility investigators demonstrated understanding of requirements of this standard and were able to communicate steps in the investigative process, and collection of physical evidence.</p> <p>Based on the information provided, the auditor has determined that Twin Falls is in compliance with this standard.</p>
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<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.235</p> <p>DOCUMENTS:</p> <p>IDOC Policy 149 Prison Rape Elimination</p> <p>Certificate of Training for Medical Staff</p> <p>In-Service Training Curriculum</p> <p>Sign-In Training Attestation for Mental Health Staff</p> <p>INTERVIEWS:</p> <p>Contract Nurse</p>

	<p>Clinical Health Supervisor</p> <p>115.235 IDOC Policy 149 requires that all medical and mental health staff receive yearly training on PREA to include a duty to report, confidentiality limits, and on-going care. The auditor interviewed the nurse contractor for Centurion and she was very knowledgeable about to treat and care for a victim of sexual abuse. She indicated that she receives annual training through Centurion. The auditor interviewed the Clinical Health Supervisor who conducts Telehealth for mental health concerns and he is in charge of providing the training to mental health staff for IDOC. He ensures that staff receive their annual in-service training for PREA.</p> <p>All mental health and medical staff have received the required specialized training on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment, victim identification, interviewing, reporting and clinical interventions. The auditor reviewed the lesson plan for the training and the acknowledgement receipts to indicate that they received and understood the training as it relates to the PREA.</p> <p>Based on the information provided, the auditor has determined that Twin Falls is in compliance with this standard.</p>
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<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.241</p> <p>DOCUMENTS:</p> <p>IDOC SOP PREA Screening and Cautions</p> <p>IDOC Policy 149 Prison Rape Elimination</p> <p>Sample Screening Forms</p>

INTERVIEWS:

Intake Staff

Case Managers (30 Day Assessment)

Case Managers (72 Hour Assessment)

Resident Interviews

Facility Compliance Manager

Agency PREA Coordinator

15.241 (a-h) Facility policy and procedures governing this standard indicate that all residents are to be assessed during the intake screening process for their risk of being sexually abused by other residents or being sexually abusive toward other residents and again within 30 days of arrival. Policy additionally govern that all residents that transfer from other facilities will be screened again. The Intake Staff give the residents a brief overview of PREA and the resident signs acknowledgement of the training. The case manager reviews the objective Screening instrument within 72 hours of arrival. The first part of the screening is to determine risk of vulnerability or victim and then the second part of the instrument is to determine the risk of being a predator or sexual assaultive offender. In interview with the case manager and observation of the process, it is determined that the resident can be adequately screened to make this determination during this process. It is conducted in a private setting and may not be overheard by other residents. Residents interviewed recall being asked the PREA screening questions at the time of the 72-hour assessment. The Case Manager will make referrals to mental health for those who disclose prior abuse or victimization if the resident requests it or is in agreement to see someone. The system will trigger a housing alert for residents who score as either victim or abuser. The case managers conduct the in person 30-day reassessment screenings for all residents usually within 15 - 20 days. Residents interviewed did not recall being asked the PREA Screening questions by the case managers during the 30- day reassessment. The screening instrument is an electronic screening form and the case manager is able to see the responses from the initial screening during the 30- day assessment. The auditor questioned the PREA Coordinator regarding the questions not being asked a second time. The PREA Coordinator indicated that as an agency, the screening form is designed to ask 2 questions during the 30-day reassessment which are: how they adjusting and if they feel safe. This was discussed and the PREA Coordinator indicated that if the resident did reveal information different from the initial

	<p>assessment, the case manager can add the information and a new score can be generated. The PREA Coordinator also indicated that since this is a Community Reentry Center, residents are screened carefully at the Classification Center to ensure that residents with PREA Alerts are not housed together. The auditor was confident with the responses during the resident interviews and interview with PREA Coordinator that residents have not been put at undue risk as a result of the screening process.</p> <p>The auditor reviewed a sample of Risk Screening forms for both 72 hour and 30 day reassessment and found that they had been completed timely.</p> <p>Based on this information, the auditor determines that Twin Falls meet the requirement of this standard.</p>
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115.242	Use of screening information
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>115.242</p> <p>DOCUMENTS:</p> <p>IDOC Policy 149 Prison Rape Elimination</p> <p>Sample Screening Assessments</p> <p>INTERVIEWS:</p> <p>Facility PREA Compliance Manager</p> <p>Case Manager</p> <p>Agency PREA Coordinator</p>

115.242 (a-g) IDOC policy and procedures state that risk screening information is used to determine housing, bed, work, education, and program assignments, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. Determinations for these assignments are made on a case-by-case basis. At the time of the audit Twin Falls had no transgender or intersex residents assigned to general population.

Placement and programming assignments for transgender or intersex inmate would be reassessed at least once every six months. Policy states that a transgender or intersex inmate's own view with respect to his own safety should be given serious consideration when making these assignments. Transgender and intersex residents would be given the opportunity to shower, dress and use the toilet facilities separately from other residents.

During the on-site tour, the auditor observed that the housing unit showers had a full shower curtain between each shower and residents may shower and not be viewed by staff or other residents. However, residents voiced concern over a camera in the shower area. The auditor reviewed the cameras from the control center and found that a black out screen is used on camera so the area in front of the shower is not visible.

The auditor reviewed 10 sample files for application of the risk screening and interviewed (2) staff that conduct risk screenings. It was determined that the risk screening is conducted timely and it is an electronic file so a housing alert would highlight if the resident scored as a victim or abuser.

Based on this information, the auditor determines that Twin Falls is in compliance with this standard.

<b>115.251 Resident reporting</b>
<b>Auditor Overall Determination:</b> Meets Standard
<b>Auditor Discussion</b>
115.251
DOCUMENTS:

IDOC Policy 149 Prison Rape Elimination

Idaho State Sheriff Association – MOU

INTERVIEWS:

Facility PREA Compliance Manager

Agency PREA Coordinator

Random Staff Interviews

Random Resident Interviews

115.251 (a)(b)(c)(d) IDOC policy states that they will provide multiple ways for an inmate to report a PREA allegation. PREA Hotline number is a recorded line. If a message is recorded, it is immediately transferred to the PCM, PREA Coordinator, and Facility Investigator as a text message. This is also true if the inmate makes a report using the PREA function on the KIOSK. This number is also provided on the facility website for the public and on the PREA signage around the facility. The facility has a MOU with Idaho State Police as a 3rd Party reporting; however, it is for a mail-in report only. It would not be an immediate response. These avenues to report meet the mandates of this standard. In interviews with random residents, it was determined that they are aware of the multiple ways in which they could make a report. There have not been any reported allegations during the review period. The auditors asked each of the random residents during interviews and none had made a report. A review of supportive documentation and staff/inmate interviews indicated that there are multiple ways (verbally, in writing, anonymously, privately, and from a third party) for residents to report sexual abuse/sexual harassment. The facility has procedures in place for staff to document all allegations. The auditor found that PREA signage throughout the facility was sufficient to inform residents, staff or the public to explain reporting methods. The auditors found during the on-site visit that posters and signage was not prominently displayed which would draw attention to the posters and suggested that a separate bulletin board or area be designated for PREA. The PREA Hotline number was placed directly on the inmate phones. The residents interviewed indicated that telling a staff member were the main ways that they would report. The auditor had a resident call the hotline and verify that it is operational.

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

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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.252</p> <p>DOCUMENTS:</p> <p>IDOC Policy SOP 316.02.01.001 Grievance</p> <p>IDOC Policy 149 Prison Rape Elimination</p> <p>INTERVIEWS:</p> <p>Facility PREA Compliance Manager</p> <p>Random Resident Interviews</p> <p>115.252 (a-f) IDOC policies address the mandates of this standard. All allegations of sexual abuse/sexual harassment, when received by staff, will immediately be referred for investigation. Residents are not required to use an informal grievance process and procedures also allow an inmate to submit a grievance alleging sexual abuse/sexual harassment without submitting it to the staff member who is the subject of the complaint. Additionally, policy also prohibits the investigation of the allegation by either staff alleged to be involved in the incident or any staff who may be under their supervision.</p> <p>Policy states that there is no time frame for filing a grievance relating to sexual abuse/sexual harassment. Policy also addresses the filing of emergency administrative remedy requests. If an inmate file the emergency grievance with the institution and believes he is under a substantial risk of imminent sexual abuse he will receive an expedited response. The PAQ indicated that no emergency grievances were received in the past 12 months. There were no PREA allegations</p>

	<p>filed using the grievance process. There is no prohibition that limits third parties, including fellow residents, staff members, family members, attorneys, and outside victim advocates in assisting residents in filing requests for grievances relating to allegations of sexual abuse or filing such requests on behalf of residents. There were no grievances alleging sexual abuse that involved an extension due to the final decision not being reached within 90 days. Additionally, there were no grievances alleging sexual abuse filed by residents in which the inmate declined third-party assistance. Residents are held accountable for manipulative behavior and false reporting.</p> <p>The auditor observed the grievance boxes during the on-site tour. There have been no allegations at Twin Falls during the review period. Based on this information, the auditor has determined that Twin Falls is in compliance with this standard.</p>
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<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>115.253</p> <p>DOCUMENTS:</p> <p>IDOC Policy 149 Prison Rape Elimination</p> <p>MOU with Magic Valley Rape Crisis Center</p> <p>PREA Brochure</p> <p>MOU with Just Detention International</p> <p>INTERVIEWS:</p>

	<p>Agency PREA Coordinator</p> <p>Resident Interviews</p> <p>Medical Staff Interview</p> <p>Interview with Voices Against Violence Victim Advocate</p> <p>Just Detention International offers emotional support packets via the mail. Twin Falls has a MOU with Magic Valley Rape Crisis Center Voices Against Violence to provide emotional support at the hospital and to act as a victim advocate.</p> <p>Resident interviews revealed that they would feel confident utilizing these services and felt that their conversations would remain private. Residents acknowledged that the information is available and accessible if they needed it.</p> <p>Based on this information, the auditor has determined that Twin Falls is in compliance with this standard.</p>
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<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.254</p> <p>DOCUMENTS:</p> <p>IDOC Policy 149 Prison Rape Elimination</p> <p>PREA Website</p> <p>PREA Brochures</p> <p>MOU with Idaho State Police</p>

	<p>INTERVIEWS:</p> <p>Facility PREA Compliance Manager</p> <p>Staff Interviews</p> <p>Resident Interviews</p> <p>115.254 (a) IDOC Policy 149, and the PREA Posters outline the ways in which a resident or staff can make a third party report of a sexual abuse or sexual harassment allegation. The Resident Living Guide Handbook and IDOC website meet the requirements of this standard. The handbook also provides third party phone numbers and addresses.</p> <p>The random residents interviewed indicated they were aware of third-party reporting. The random staff interviewed indicated that they were aware that an inmate could make a third party report. The PREA posters listed the ways in which a report could be made.</p> <p>Based on this information, it is determined that Twin Falls meet the requirements of this standard.</p>
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<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.261</p> <p>DOCUMENTS:</p> <p>IDOC Policy 149, Prison Rape Elimination</p>

	<p>INTERVIEWS:</p> <p>Random Staff</p> <p>Medical/Mental Health Staff</p> <p>Volunteer</p> <p>115.261 (a) (b) (c) (d) (e) IDOC policy 149 outline the duties of security and non-security first responders and meet the mandates of this standard. Staff, contractors, and volunteers must report and respond to allegations of sexually abusive behavior, regardless of the source of the report.</p> <p>Interviews with Random staff members indicated they were aware of their duty to immediately report all allegations of sexual abuse, sexual harassment, and retaliation relevant to the PREA standards. The reporting is made to the immediate supervisor or any security staff in the area if the person receiving the report is non-security. They were aware that all reports are to be documented in writing before the end of their shift. Interview with a volunteer also revealed that volunteers receive training on their duty to report. The facility does not house vulnerable residents under the age of 18.</p> <p>Medical and Mental Health staff interviews confirmed that unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services.</p> <p>Based on a review of established policy and interviews with staff it is determined that Twin Falls is in compliance of this standard.</p>
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<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>115.262</p> <p>DOCUMENTS:</p> <p>IDOC Policy 149, Prison Rape Elimination</p> <p>INTERVIEWS:</p> <p>Agency Head</p> <p>Agency PREA Coordinator</p> <p>Facility PREA Compliance Manager</p> <p>115.262 (a) IDOC Policy PREA Rape Elimination outlines the duties of security and non-security first responders. The policy state upon security staff learning of an allegation that an inmate was sexually abused, or is in imminent risk of abuse staff shall take steps to ensure preservation of the area in which the alleged abused occurred including requesting that the alleged victim and abuser not take any action that may destroy physical evidence including changing clothes, bathing, brushing teeth, urinating, defecating, drinking, or eating., etc. If the first staff responder is not a security staff, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. There were no non-security staff that served as a first responder. There were no residents currently at the facility who had reported an allegation. All staff interviewed were aware of first responder duties. The PAQ indicated that there were no reports of an inmate being at imminent risk of sexual assault.</p> <p>Based on a review of the policy and through interviews with staff and residents, it is determined that the facility is in compliance with this standard.</p>
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<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>115.263</p> <p>DOCUMENTS:</p> <p>IDOC Policy 149 Prison Rape Elimination</p> <p>Example of Memo to Other Facility</p> <p>INTERVIEWS:</p> <p>Facility Director</p> <p>Facility PREA Compliance Manager</p> <p>115.263 (a) (b) (c) (d) IDOC Policy #149 Prison Rape Elimination meets the requirements of this standard. Policy requires that any inmate allegation of sexual abuse that occurred while confined at another facility be reported to the head of the facility where the alleged abuse occurred within 72 hours of receipt of the allegation. Procedures are in place that require the Facility Director to immediately notify the Director of the other confinement facility, in writing, of the nature of the sexual abuse allegation. The notification is to occur as soon as possible, but always within 72 hours of receiving the allegation. Policy also requires that an investigation be initiated.</p> <p>In the past 12 months, there were no allegations by residents that they were sexually abused or harassed at the sending facilities. The facility reports that they were not notified by another facility that an inmate had been assaulted while confined at Twin Falls Community Reentry Center.</p> <p>Based on a review of agency policy, interviews with Facility Director, PREA Compliance Manager, PREA Coordinator and investigative staff it is determined that Twin Falls is in compliance with this standard.</p>
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<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

115.264

DOCUMENTS:

IDOC Policy #149 Prison Rape Elimination

First Responder Refresher Cards

INTERVIEWS:

Random Staff

Medical/Mental Health Staff

Volunteer

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

Interviews with random staff indicated that they were aware of first responder duties. There were no residents currently housed at Twin Falls who had reported an allegation of abuse. The facility has developed policies that outline the responsibilities of security and non-security staff first responder responsibilities. First responder duties are also included during the annual cycle training. Security staff carry a "first responder" refresher card which details their response to an incident.

Based on interviews and review of policy it is determined that Twin Falls is in compliance with this standard.

<b>115.265</b>	<b>Coordinated response</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 399 376">115.265</p> <p data-bbox="280 483 475 519">DOCUMENTS:</p> <p data-bbox="280 627 871 663">IDOC Policy #149 Prison Rape Elimination</p> <p data-bbox="280 698 785 734">Memo to Staff from Facility Director</p> <p data-bbox="280 770 494 806">PREA Checklist</p> <p data-bbox="280 913 466 949">INTERVIEWS:</p> <p data-bbox="280 1057 504 1093">Facility Director</p> <p data-bbox="280 1128 769 1164">Facility PREA Compliance Manager</p> <p data-bbox="280 1272 1477 1765">115.265 (a) IDOC Policy #149 address the mandates of this standard. Staff are required to take actions to secure the inmate and protect the crime scene if staff become aware in time to collect physical evidence. After learning of an allegation that an inmate was sexually abused, the first staff member responding to the report shall notify the supervisor, separate the alleged victim and assailant, preserve and protect the crime scene, if applicable, until the appropriate steps can be taken to collect any evidence, monitor the alleged victim and assailant to ensure physical evidence is not destroyed, including washing, brushing teeth, changing clothes, urinating, defecating, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence. The responding supervisor will ensure that the alleged victim and known abuser are taken to medical and mental health services for examination and evaluation.</p> <p data-bbox="280 1800 1471 1962">Twin Falls has a PREA Response Plan that provides detailed guidance to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p>

	<p>Interviews with random staff and medical and mental health staff revealed that staff were aware of the process and procedures for a first responder.</p> <p>Based on the results of staff interviews it is determined that Twin Falls meet the mandates of this standard in that staff are aware of the coordinated response.</p>
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<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.266</p> <p>DOCUMENTS:</p> <p>PAQ</p> <p>Memo from Agency PREA Coordinator re: No Union</p> <p>INTERVIEWS:</p> <p>Agency Head</p> <p>Agency PREA Coordinator</p> <p>Based on the auditor review of the agency website and interviews with the Agency Head, it is determined that Twin Falls does not operate under a collective bargaining agreement. There is no evidence that the agency’s ability to remove an alleged staff abuser from contact with residents pending outcome of an investigation is prohibited.</p> <p>It is determined that the agency is in full compliance with this standard.</p>

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.267</p> <p>DOCUMENTS:</p> <p>IDOC Policy #149 Prison Rape Elimination</p> <p>Example of Retaliation Monitoring Form</p> <p>INTERVIEWS:</p> <p>Facility PREA Compliance Manager</p> <p>115.267 (a - f) IDOC has a policy and procedure that govern the mandates of this standard. The policy prohibits any type of retaliation against any staff or inmate who reports sexual abuse or sexual harassment or cooperates in related investigations. The monitoring of any type of retaliation is conducted for at least 90 days or longer if warranted. Policy outlines the protection measures available and requires the prompt re-mediation of any type of retaliation. The facility has designated the PREA Compliance Manager as the Retaliation Monitor.</p> <p>The PAQ indicated that there were no allegations of sexual harassment or sexual abuse during the monitoring period. There were no residents present during the on-site visit that had reported abuse or were on retaliation monitoring. The PCM is charged with retaliation monitoring but had not had an opportunity to conduct monitoring as there have been no cases at the facility. The facility has established an Incident Review Team; however, the team has not met because there have been no cases. The auditors suggested that the team meet at a minimum quarterly if there are no cases and do a walk-around of the facility for PREA related issues.</p> <p>Based on the interview conducted with PCM it is determined that Twin Falls is in compliance with this standard.</p>

<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

115.271

DOCUMENTS:

IDOC Policy 149, Prison Rape Elimination

IDOC SOP #504.02.01.001 Investigation and Intelligence Program

IDOC SOP #150.01.01.006 Administrative Investigations

Training Certificate of Investigator

INTERVIEWS:

Facility Investigator

Facility PCM

Facility Director

115.271 (a - i) FCDC policy and procedures address the mandates of this standard.

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

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

In accordance with PREA standards, during the course of such investigations, the

	<p>Agency shall impose no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse or harassment are substantiated.</p> <p>The facility investigators conduct administrative investigations at Twin Falls. If the allegation involves a staff member, The Idaho State Police will conduct the investigation. The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as inmate or staff. The Facility does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth assessment device as a condition for proceeding with the investigation of such an allegation. There have been no allegations or cases at Twin Falls during the review period.</p> <p>Based on the review of agency policies and procedures, and interviews with facility investigators, it is determined that Twin Falls is in compliance with this standard.</p>
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<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.272</p> <p>DOCUMENTS:</p> <p>IDOC Policy #149 Prison Rape Elimination</p> <p>Directive #116.02.01.001 Custody of Evidence</p> <p>INTERVIEWS:</p> <p>Facility Investigator</p>

	<p>115.272 (a) IDOC policies and procedures meet the mandate of this standard. The evidence standard is a preponderance of the evidence in determining whether administrative allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The PREA Investigator training provide in-depth clarification of this standard and the investigators assigned to Twin Falls have completed the training.</p> <p>Based on the review of agency policy and procedures, interview with the facility investigator, and a review of a sample investigation case file it is determined that Twin Falls is in compliance with this standard.</p>
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115.273	Reporting to residents
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>115.273</p> <p>DOCUMENTS:</p> <p>IDOC Policy #149 Prison Rape Elimination</p> <p>IDOC SOP #504 Investigations and Intelligence Program</p> <p>Sample of Resident Inform of Findings Form</p> <p>INTERVIEWS:</p> <p>Facility Investigator</p> <p>115.273 (a - f) IDOC policies and procedures address the mandates of this standard. The facility has a policy requiring any inmate who makes an allegation that he suffered sexual abuse or sexual harassment at Twin Falls facility be informed, in writing, whether the allegation has been determined to be unsubstantiated, substantiated or unfounded, at the conclusion of the investigation. When an</p>

	<p>allegation involves staff, the inmate would be informed if the staff member is no longer posted within their housing unit, is no longer employed at the facility, if the staff member was indicted on a charge related to sexual abuse within the facility or the Facility learned that the staff member was convicted on a charge related to sexual abuse. These findings would also be communicated to the inmate if the investigation was completed by an outside agency.</p> <p>When an inmate’s allegation that he has been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever the agency learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there were no administrative/ criminal investigations completed during the past 12 months. A review of a sample investigation file revealed that there was documentation that the inmate had been notified in writing as to the outcome of the investigation.</p> <p>Based on a review of the information provided, it is determined that Twin Falls is in Compliance with this standard.</p>
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<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.276</p> <p>Documents:</p> <p>IDOC Policy # 219 Sexual Misconduct</p> <p>IDOC SOP #205 Staff Corrective Disciplinary Action</p> <p>IDOC SOP Staff Terminations</p> <p>IDOC SOP #217.07.01.001 Ethics/Standards of Conduct</p> <p>INTERVIEWS:</p>

	<p>Facility Director</p> <p>Agency PREA Coordinator</p> <p>Facility PREA Compliance Manager</p> <p>Facility Human Resource Director</p> <p>Facility Investigator</p> <p>115.276 (a) (b) (c) (d) Facility policies and procedures address the mandates of this standard. Staff members are subject to disciplinary sanctions for violating Facility sexual abuse or sexual harassment policies. Discipline would be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories. According to the PAQ, there have been no staff disciplined for allegations of sexual abuse or sexual harassment.</p> <p>Based on the review of policies and procedures and interviews with the investigative staff and Human Resource Manager it is determined that Twin Falls is in compliance with this standard.</p>
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<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.277</p> <p>DOCUMENTS:</p> <p>IDOC Policy #149 Prison Rape Elimination</p> <p>IDOC SOP #606.02.01.001 Volunteer Services</p> <p>IDOC Policy # 205.07.01.001 Corrective and Disciplinary Action</p> <p>IDOC Policy #219 Sexual Misconduct with Offenders</p>

	<p>INTERVIEWS:</p> <p>PREA Compliance manager</p> <p>Volunteer</p> <p>Contract Medical</p> <p>115.277 (a) (b) IDOC Facility policies and procedures address the mandates of this standard. Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with residents and would be reported to the appropriate investigator and law enforcement or relevant professional licensing/certifying bodies unless the activity was clearly not criminal in nature. In cases that were not criminal in nature, the facility would take appropriate remedial measures and consider whether to prohibit further contact with residents. According to the PAQ, there were no incidents where a contractor or volunteer was accused of, suspected, or found guilty of sexual abuse or sexual harassment at Twin Falls during the past 12 months.</p> <p>Based on the review of policy and interviews it is determined that Twin Falls is in compliance with this standard.</p>
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<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.278</p> <p>DOCUMENTS:</p> <p>IDOC Policy #149 Prison Rape Elimination</p> <p>IDOC SOP Resident Discipline</p> <p>IDOC SOP 219 Sexual Misconduct with Offenders</p>

	<p>IDOC SOP 318.0201.001 Discipline Procedures – Residents</p> <p>INTERVIEWS:</p> <p>Facility Director</p> <p>115.278 (a - g) IDOC Policies and Procedures address the mandates of this standard. The Inmate Discipline Policy defines sexual assault of any person, involving non-consensual touching by force or threat of force, as the greatest severity level prohibited act. The policy identifies residents engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. Consensual sex or sexual harassment of any nature is prohibited and will result in discipline. Consensual sex between residents does not constitute sexual abuse. Sanctions are commensurate with the nature and circumstances of the abuse committed, along with the inmate’s disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories. Residents are subject to disciplinary sanctions pursuant to the formal disciplinary process defined in the Inmate Discipline Policy. According to the PAQ, there were no cases in which there was a substantiated allegation of inmate on inmate sexual abuse. The disciplinary process considers whether an inmate’s mental disabilities or mental illness contributed to the inmate’s behavior when determining what type of sanction, if any, should be imposed. The facility offers the alleged abuser therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The institution does not discipline residents who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>Based on the policies and procedures and interview with the Facility Director it is determined that Twin Falls meets the mandate of this standard.</p>
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.282

DOCUMENTS:

IDOC Policy #149 Prison Rape Elimination

INTERVIEWS:

Clinical Supervisor

Contract Medical

SAFE/SANE Director

115.282 (a) (b) (c) (d) IDOC policy and procedures address the requirements of this standard. Centurion Health Services provide contract services for medical services at Twin Falls. IDOC has policies and procedures in place to offer medical and mental health evaluation as appropriate, and treatment to all residents who have been victimized by sexual abuse. The evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer or release. These services are provided to victims consistent with the community level of care. The facility medical and mental health personnel provide emergency medical services to residents. Facility policy prohibits inmate co-pays for medical treatment to victims of sexual abuse and all treatment is offered at no financial cost to the inmate. Inmate victims of sexual abuse, while incarcerated, are offered information about and timely access to information on sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The auditor interviewed the Director of Nursing at St. Luke Regional Medical Center and he indicated that they have 7 SAFE/SANE nurses. If one was not on duty at the time of the incident, they are on call and can respond within an hour.

Compliance with this standard was determined by a review of policy/documentation and interviews with SANE medical staff and the Mental Health provider. The PAQ indicates that there were no residents who reported sexual abuse during the auditing period.

Based on interviews with medical staff it is determined that Twin Falls does meet the mandates of this standard.

<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.283</p> <p>DOCUMENTS:</p> <p>IDOC Policy #149 Prison Rape Elimination</p> <p>IDOC SOP 411.06.03.001 Co-Pay for Medical Service</p> <p>INTERVIEW:</p> <p>Contract Medical</p> <p>115.283 (a - h) IDOC policy and procedures address the requirements of this standards. The facility will provide sexually abused victims with medical and mental health services consistent with the community level of care. Inmate victims of sexual abuse, while incarcerated, will be offered tests for sexually transmitted infections, as medically appropriate. All treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>The facility will 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. Health services include medical and mental health aftercare plans to be developed no later than 30 days prior to the anticipated date of release for residents subjected to sexual abuse. The facility would assist in the arrangement of referrals for continued care following their transfer to or placement in other facilities or after their release from custody, if needed. Victims would also receive timely and comprehensive information about and timely access to all necessary medical services. The PAQ indicated that there were no residents who reported sexual abuse during the auditing period.</p>

	Based on interview with medical and mental health staff, it is determined that Twin Falls does meet the standard.
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115.286	Sexual abuse incident reviews
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="280 551 564 584"><b>Auditor Discussion</b></p> <p data-bbox="280 629 400 663">115.286</p> <p data-bbox="280 775 472 808">DOCUMENTS:</p> <p data-bbox="280 920 871 954">IDOC Policy #149 Prison Rape Elimination</p> <p data-bbox="280 987 820 1021">Sample Sexual Abuse Incident Review</p> <p data-bbox="280 1055 580 1088">PREA Annual Reports</p> <p data-bbox="280 1200 464 1234">INTERVIEWS:</p> <p data-bbox="280 1346 469 1379">Agency Head</p> <p data-bbox="280 1413 644 1447">Agency PREA Coordinator</p> <p data-bbox="280 1480 772 1514">Facility PREA Compliance Manager</p> <p data-bbox="280 1626 1485 2085">115.286 (a) (b) (c) (d) (e) IDOC policies and procedures outline and identify the requirements and procedures for the completion of an incident review at the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded. The review shall ordinarily occur within 30-days of the conclusion of the investigation. The policy states the team will be comprised of a multi-disciplined team to serve on the review team. The facility PREA Compliance Manager shall document review in the report including recommendations for improvements. The report shall be submitted to the Facility Director who shall ensure implementation of the recommendations or document the reason for not following them. Twin Falls has not had a substantiated case in the past 12 months. The Incident Review has been established but they have not had a meeting.</p>

	<p>Therefore, the facility has not utilized a review team in a manner as outlined in the IDOC policies and standard provisions to include: 1) Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2) Whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility; 3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; 4) Assess the adequacy of staffing levels in that area during different shifts; 5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. 6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA Compliance Manager. The auditor recommended to the Facility Director that they convene the team and have meeting and do a walk around the facility at least monthly to assess the facility needs from a PREA perspective.</p> <p>Based on the review of IDOC policy and information provided, the auditor has determined that Twin Falls is in compliance with this standard.</p>
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115.287	Data collection
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.287</p> <p>DOCUMENTS:</p> <p>IDOC Policy #149 Prison Rape Elimination</p> <p>INTERVIEW:</p>

	<p>Agency PREA Coordinator</p> <p>115.287 (a-f)IDOC policies and procedures require that statistics on sexual incidents be collected in accordance with Bureau of Justice Statistics guidelines. The PREA Coordinator is in the process of gathering data for the annual report. The most recent agency annual report is for calendar year 2022. The report is available on the agency website.</p> <p>It is determined that the agency is in compliance with this standard.</p>
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<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.288</p> <p>DOCUMENTS:</p> <p>IDOC Policy149 Prison Rape Elimination</p> <p>PREA Annual Report</p> <p>INTERVIEW:</p> <p>Agency PREA Coordinator</p> <p>IDOC policy and procedures require that statistics gathered in the annual report be used to evaluate and improve operations to enhance resident safety. The annual reports are available on the agency website. The data for the 2022 annual report includes an analysis of the data compared to previous years and discuss changes considered to address issues raised by the data.</p>

	It is determined that the agency is in compliance with this standard.
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<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.289</p> <p>DOCUMENT:</p> <p>IDOC Policy #149 Prison Rape Elimination</p> <p>INTERVIEW:</p> <p>Agency PREA Coordinator</p> <p>115.289 (a) (b) (c) (d) IDOC policy #149 Prison Rape Elimination addresses the requirements of this standard. Data is retained in a secure filing system. The annual report will not contain any personal identifiers and policy requires that the statistical data be retained for a period of no less than 10 years, unless federal, state, or local law requires otherwise. The Agency will make the information available on the IDOC website. The report will cover all data required in the elements of this standard.</p> <p>The PREA Coordinator interviewed provided that the she is in the process of finalizing data for 2023. Compliance with this standard was determined by a review of policy/documentation, view of the electronic system for data storage and retrieval and interview with the Agency PREA Coordinator.</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

115.401

115.401 (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) This is the first time the facility has had a PREA Audit since activation in 2020. They are establishing the audit cycle for Twin Falls Community Reentry Center. There are no prior year reports. A review of the Idaho Department of Corrections website confirmed the posting of the PREA information. The IDOC ensures that Twin Falls will be audited within the appropriate audit cycle going forward.

The auditor received confirmation of the PREA Audit Notice Posting on January 10, 2024. The notice was posted six weeks prior to the first day of the site visit, February 21, 2024. The PREA Audit Notice was identified as posted in the resident housing unit bulletin boards, and resident visitation. It was posted in areas that were fully accessible for viewing by staff, visitors and the resident population. The auditor did not receive any confidential mail from Twin Falls staff and/or the resident population. No residents and/or staff requested to speak with the auditor during the site visit. All residents selected by the auditor during the site visit cooperated with the interview without hesitation.

The auditor was provided full access to all buildings and areas during the tour and throughout the site visit. Areas observed during the site visit included but was not limited to the following: housing units, food service, medical, mental health, administrative offices, inmate program areas, inmate restricted housing units, reception and classification, maintenance, warehouse, mailroom, religious services, visitation area, and recreation.

The OAS was used to complete the audit process with a review period of January 1, 2023 – December 31, 2023. The auditor began identifying requested rosters and documentation via email on January 8, 2024, which was followed by numerous additional requests throughout the pre-audit phase and on-site visit via email, telephone calls and during the site visit. The auditor received all requested copies to include electronically stored relevant documents for review in a determination of compliance for numerous standards.

It is determined that Twin Falls is in compliance with this standard.

**115.403 Audit contents and findings**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

115.403

DOCUMENT:

Agency Website at <https://www.idoc.idaho.gov/content/prisons/prea>

INTERVIEW:

Agency PREA Coordinator

Annual reports for 2018, 2019, and 2020 are posted on the website for review.  
Audit Reports for several IDOC facilities are posted for review.

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

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

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

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

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

	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.216 (b)</b>	<b>Residents with disabilities and residents 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 residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

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

<b>(f)</b>		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (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>115.217 (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>115.218 (a)</b>	<b>Upgrades to facilities and technology</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 residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</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	yes

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
<b>115.221 (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>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (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>115.221 (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?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.221 (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>115.221 (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>115.221 (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 attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes

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

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

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

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

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
<b>115.234 (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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (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 criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
<b>115.235 (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 suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.235 (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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	yes
<b>115.235 (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>115.235 (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 §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

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

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

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

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

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

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (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 resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

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

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

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

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (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 residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (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>115.261 (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>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (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>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (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>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (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>115.265 (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 response to an incident of sexual abuse?	yes
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents 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 limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

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

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

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

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

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

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

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.277 (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 residents?	yes
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</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 resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</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 evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.282 (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 § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information	yes

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

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (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>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (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>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287</b>	<b>Data collection</b>	

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

<b>115.288 (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>115.288 (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>115.288 (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>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (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>115.289 (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>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

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

	same manner as if they were communicating with legal counsel?	
<b>115.403 (f)</b>	<b>Audit contents and findings</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