

PREA Facility Audit Report: Final

Name of Facility: Idaho Falls Community Reentry Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/27/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" 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 checked="" type="checkbox"/>
Auditor Full Name as Signed: Bruce Kuennen	Date of Signature: 10/27/2021

AUDITOR INFORMATION	
Auditor name:	Kuennen, Bruce
Email:	kuennennw@gmail.com
Start Date of On-Site Audit:	09/14/2021
End Date of On-Site Audit:	09/15/2021

FACILITY INFORMATION	
Facility name:	Idaho Falls Community Reentry Center
Facility physical address:	3955 Bombardier Avenue, Idaho Falls, Idaho - 83402
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Viola Ann Crook
Email Address:	vcrook@idoc.idaho.gov
Telephone Number:	208 525-7143 ex: 0

Facility Director	
Name:	John Carroll
Email Address:	jcarroll@idoc.idaho.gov
Telephone Number:	208 525-7143 ex: 23

Facility PREA Compliance Manager	
Name:	Quinn Matheson
Email Address:	qmatheso@idoc.idaho.gov
Telephone Number:	
Name:	Viola Ann Crook
Email Address:	vcrook@idoc.idaho.gov
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	112
Current population of facility:	111
Average daily population for the past 12 months:	97
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	23-62 (age range report via CIS)
Facility security levels/resident custody levels:	Minimum
Number of staff currently employed at the facility who may have contact with residents:	15
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	4
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Idaho Department of Correction
Governing authority or parent agency (if applicable):	
Physical Address:	1299 North Orchard , Suite #110, Boise, Idaho - 83706
Mailing Address:	
Telephone number:	208658200

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

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

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Audit Narrative

This audit of Idaho Falls Community Reentry Center was conducted in 2021 to determine the facility's compliance with the Community Confinement standards of the Prison Rape Elimination Act (PREA). The department chose to use the Online Audit System (OAS) rather than the paper process. The audit methodology strictly followed the guidance of the PREA Auditor Handbook, Version 2, issued March 2021. Documents supporting this report are securely stored in the OAS.

The lead auditor and primary author of this report is Bruce Kuennen. He received his Department of Justice (DOJ) certification to conduct audits on July 11, 2016 and was re-certified on December 31, 2019. A contract with the Idaho Department of Correction to conduct this audit was approved on July 20, 2021. The department's PREA Coordinator reported that this would be the first ever formal PREA audit of an IDOC facility.

The on-site portion of the audit was scheduled for three days, September 14-16, 2021. Notices were posted at the facility on August 1, 2021. No letters were received from residents or staff.

Shortly after arrival at the facility, the auditor learned that the population of the facility was 99. The on-site portion of the audit was completed in two days.

The three active phases of the audit were conducted between the following dates:

- Pre-on-site – August 1 - September 13, 2021
- On-site – September 14 - 15, 2021
- Post-on-site – September 16 - October 26, 2021

Audit - Pre-on-site Phase

Logistics for the audit were handled by the auditor. The primary point of contact (POC) for the audit was the agency PREA Coordinator, Teresa Jones. The agency reported that this was its first ever formal audit of a facility operated by the Idaho Department of Correction.

The auditor discussed the following logistical issues in telephone calls and email exchanges with Ms. Jones:

- Use of the OAS
- Facility type
- Shift scheduling
- Resident work scheduling (off-site)
- Posting of notice
- Numbers of residents with Limited English Proficiency
- Other logistics

The required Notice of Audit was posted in both housing tiers and in the common areas of the facility on August 1, 2021, six weeks before the originally scheduled on-site audit. Photographic, date-stamped evidence of these notices was provided to the auditor, who further verified the postings on September 14 on-site. No letters were received from residents or staff.

The facility provided information related to compliance with each of the standards by uploading documents to the OAS. The documents included the responses to pre-audit questions, policies, procedures, forms, examples of completed forms and computer printouts, and statistical reports. The materials were reviewed by the auditor prior to the on-site visit.

An Internet search and an open Google Alert on "Idaho Department of Correction" and "Idaho Falls Community Reentry Center" during the audit period yielded no information relating to the facility's handling of sexual abuse and harassment. However, several online articles were found regarding staffing shortages in the department statewide. These articles were discussed with facility staff on-site. The facility was fully staffed at the time on the on-site visit.

A review of the IDOC website revealed the following links to PREA information:

- General information and reporting methods - <https://www.idoc.idaho.gov/content/prisons/prea>

- Annual reports
 - 2017 - https://www.idoc.idaho.gov/webfm_send/3781
 - 2018 - https://www.idoc.idaho.gov/webfm_send/3661
 - 2019 - https://www.idoc.idaho.gov/webfm_send/3796

The linked pages included a statement of the agency's zero-tolerance policy, methods of reporting allegations of resident sexual abuse, and general information about the purposes of the federal law.

On the OAS, the facility reported that there were zero allegations of sexual abuse or harassment in the past year, and that no investigations had been completed. During the pre-onsite period, the auditor requested that documentation of investigations from prior years be made available for the on-site visit. Documentation of two completed investigations, one from 2018 and one from 2019, was provided.

The facility reported that there were no recent or current lawsuits pending, or judicial orders applicable to the facility at the time of the pre-audit OAS entries.

On-site Audit Phase

The facility was asked to produce the following lists to allow audit verification via random sampling in interviews and document reviews:

- Complete resident roster, by housing location
- Residents with disabilities
- Residents who have Limited English Proficiency (LEP)
- LGBTQ Residents
- Transgender and Intersex residents
- Residents who reported sexual abuse
- Residents who reported sexual victimization during risk screening
- Staff rosters, by job classification and date of hire
- All volunteers and contractors who have contact with residents

On the first day of the on-site review, the auditor provided the random letters for the categories of staff and inmates who would be interviewed and whose records would be reviewed. The auditor provided the methodology for choosing which residents and staff would be interviewed.

The auditor's randomization method began with a random number generator in an Excel spreadsheet – specifically, =RANDBETWEEN(1,26). Letters were chosen for each category to correspond to the number generated. 1=A, 2=B, etc. A letter was applied to each given list in this manner. For example, the facility was asked to provide the first two records for residents whose last name begins with the letter U. If there were not two residents whose last name began with U, they were asked to go on to V, and so on. This same method was used during the on-site audit as additional names needed to be generated.

The facility reported a total of 99 residents on the first day of the on-site audit. The auditor interviewed the residents chosen who were available at the facility. If a resident was at work, the auditor adjusted his schedule so that the randomly chosen and targeted residents could be interviewed. If a resident chosen for a random interview indicated that he was a part of an identified group, the auditor converted that interview into a targeted interview, resulting in a total of 16 random and targeted resident interviews.

All housing and other buildings in use were toured during the on-site audit. The auditor had unrestricted access to view and enter every area of the facility.

During the site review (tour), the auditor observed privacy barriers in shower and toilet areas, possible blind spots, camera locations, and posted information. The two housing areas of the facility each have 14 4-man rooms arranged down a hallway.

Overlapping shifts provide additional staffing for busy times at the facility, but the minimum staffing of the facility is one correctional officer for the two adjacent housing units.

Resident interviews began on day one, with residents chosen by the method noted above. The facility did not have enough representatives of the targeted groups to meet the minimums required by the Auditor Handbook, so additional random interviews were added to reach the overall minimum required. The following resident interviews were conducted:

- Nine Random
- One intersex
- One gay, bisexual, or queer resident
- Two residents with cognitive or physical disabilities
- One resident who had reported sexual abuse or harassment (at another IDOC facility)
- Two residents who had disclosed prior sexual abuse during risk screening

A total of 16 resident interviews were conducted.

The on-site portion of the audit was originally scheduled for three days. However, in order to accommodate the schedules of staff and residents, the auditor extended the time allotted on the first two days, with all required work completed by 8:00 p.m. on the second day. The onsite audit was conducted on the following dates:

- Tuesday, September 14, 2021 – 8:00 a.m. to 8:30 p.m.
- Wednesday, September 15, 2021 – 9:00 a.m. to 8:00 p.m.

Staff interviews included every staff member of the facility:

- All correctional officers
- The primary investigator who is assigned to investigate incidents and allegations of sexual abuse or harassment
- All supervisors responsible corporals and sergeants
- Two medical contractors
- The PREA Compliance Manager
- Facility Manager Quinn Matheson

The agency PREA Coordinator was present for the entire on-site audit.

A total of fifteen staff interviews were conducted. No volunteers were currently active, for reasons of COVID-19 control, and none were present on the last day of the on-site audit, so none were interviewed.

Documents reviewed included:

- Documents verifying initial screening and provision of PREA educational materials to residents
- Documents verifying subsequent education and screening
- Detailed investigation reports of two investigations of allegations of sexual abuse completed in 2019
- Criminal background checks for staff
- Staff training records

Document review indicated that the appropriate screening form was completed for each resident received since the implementation of a new screening instrument in December 2020. The form includes a question for each required element of the standards, as well as areas for intake staff to enter objective information based on their observation of the resident.

Residents may report incidents of sexual abuse and harassment by a variety of methods, to include 1) notify a correctional officer orally, 2) notify a correctional officer or higher-ranking staff person via a resident communication form, 3) notify the facility PREA Compliance Manager, 4) write the Idaho Department of Correction (IDOC), or 5) through the offender grievance program. The telephone system can be used to contact the agency PREA Coordinator, and there is an email address that a family member or other third party can directly access the agency PREA Coordinator.

During the site review (tour) female staff announced their presence when they entered a male housing unit where female staff were not already present or an announcement had not already been made. Resident interviews, staff interviews, and auditor observations all indicate that gender announcement by opposite gender staff is in regular practice.

The on-site phase of the audit concluded with an out-briefing for administrative staff and other staff on duty on September 15, 2021.

Post On-site Audit Phase

In the week following the on-site visit, the auditor began to review evidence he had collected to arrive at the standards compliance findings below.

This Final Report was completed and provided to the facility on October 27, 2021. All standards were found to be applicable, one was exceeded, and the remainder were met.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Idaho Falls Community Reentry Center is located at 3955, Bombadier Avenue, Idaho Falls, Idaho. It is operated by the Idaho Department of Correction (IDOC). At the time of the on-site audit it was overseen by an acting Facility Manager, Quinn Matheson. The facility has a designated capacity of 112 beds, housing 99 adult male inmates on the first day of the on-site audit. The facility employs 15 full-time staff, administrators, custody, and program staff. Medical care is provided by two part-time contractors.

There are two wings in the primary building, each with the capacity to house 56 residents in 14 4-man rooms. There are seven outbuildings.

At the time of the facility's completion of the pre-audit questionnaire and at the time of the on-site visit, there were no approved volunteers due to COVID-19 restrictions.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	1
Number of standards met:	40
Number of standards not met:	0

All standards were found to be applicable, one was exceeded, and the remainder were met.

Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

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.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ul style="list-style-type: none"> • IDOC Policy 149 Version 4.0, Prison Rape Elimination, approved May 17, 2021 • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination, approved January 21, 2021 • IDOC Field Memorandum 149.01.01.001 CRC-IF, Prison Rape Elimination, approved August 26, 2021 • IDOC Organizational Chart • Posted signs <p>Interviews</p> <ul style="list-style-type: none"> • Interview with Deputy Director Bree Derrick • Interview with Agency PREA Coordinator Teresa Jones • Interview with Acting Facility Manager Quinn Matheson • Resident interviews • Staff interviews <p>Site Review Observations</p> <ul style="list-style-type: none"> • Interactions between staff and residents • Posted signs • Discussions of staffing levels <p>The agency's primary document which states its commitment to zero tolerance is IDOC Policy 149 Version 4.0, Prison Rape Elimination. IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination outlines in detail the policies, procedures, and approach to prevent, detect, and respond to sexual abuse and sexual harassment. Finally, IDOC Field Memorandum 149.01.01.001 CRC-IF, Prison Rape Elimination outlines specific procedures unique to the Community Reentry Center.</p> <p>These policies, resident handbooks, posted signs, staff and inmate interviews, observations of interaction between staff and inmates all support the conclusion that a culture of zero tolerance is well established at the facility.</p> <p>The agency's PREA Coordinator is Teresa Jones. Her position is full-time, dedicated to overseeing the agency's efforts to comply with PREA standards. She reports to the Deputy Director of the agency and supervises designated PREA Managers at each of the department's 14 prisons and community reentry centers, including the Idaho Falls Community Reentry Center.</p> <p>The primary evidence that the PREA Compliance Manager has sufficient time and authority to complete her job is the achievement of 100% of the standards being found to meet the applicable standards. The response from every interviewed resident that they felt safe being housed at this facility is further evidence that the purpose and intent of the standards is being met.</p>

115.212	Contracting with other entities for the confinement of residents
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="242 210 451 239">Auditor Discussion</p> <hr/> <p data-bbox="242 271 368 300">Documents</p> <ul data-bbox="284 349 743 412" style="list-style-type: none"> • Contracts with two private agencies • PREA Audit reports for two contract prisons <p data-bbox="242 443 355 472">Interviews</p> <ul data-bbox="284 521 748 584" style="list-style-type: none"> • Interview with agency contract administrator • Interview with agency PREA Coordinator <p data-bbox="242 611 1477 770">The Idaho State Department of Correction contracts with two private agencies who house their inmates in two prisons, one of which is outside the state of Idaho. Core Civic operates the Saguaro Correctional Center in Saguaro, Arizona, housing up to 477 Idaho inmates in a prison with a capacity of 1,680. Management Training Corporation operates the Correctional Alternative Placement Program (CAPP) with up to 442 inmates. Both contracts require the private agencies to comply with PREA standards.</p> <p data-bbox="242 801 1477 864">Both facilities have been audited for compliance with PREA standards within the last three years, and both were found to be in 100% compliance.</p> <p data-bbox="242 896 1286 925">Based on this information, the auditor determined that the agency is in full compliance with this standard.</p>

115.213	Supervision and monitoring
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 368 300">Documents</p> <ul data-bbox="284 349 1246 512" style="list-style-type: none"> • IDOC Policy 149 Version 4.0, Prison Rape Elimination, approved May 17, 2021 • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination, approved January 21, 2021 • IFCRC Staffing Plan • Quarterly Meeting Agendas • Agency Annual Report 2019 <p data-bbox="242 542 355 571">Interviews</p> <ul data-bbox="284 620 861 745" style="list-style-type: none"> • Interview with Acting Facility Manager Quinn Matheson • Interview with Agency PREA Coordinator Teresa Jones • Resident interviews • Staff interviews <p data-bbox="242 777 520 806">Site Review Observations</p> <ul data-bbox="284 855 868 884" style="list-style-type: none"> • Discussions of staffing levels for each area of the facility <p data-bbox="242 913 1465 1008">The facility provided a six-page detailed staffing plan that outlines the minimum staffing levels for both line and supervisory staff. The plan outlines how each of the requirements – (1) through (4) was met in setting the minimum staffing levels. In addition, the facility provided documentation of an annual meeting in which the staffing plan was reviewed.</p> <p data-bbox="242 1037 1473 1131">The auditor confirmed the minimum staffing levels of each housing unit and other areas where residents are present during the site review. At each housing unit, he questioned facility staff as to the minimum level of staff that was always present on each unit. No deviations from the staffing plan have occurred within the last year.</p> <p data-bbox="242 1160 1453 1223">The facility is well-equipped with internal and external security cameras, and the camera data is stored for possible use to support or contradict allegations of sexual abuse or harassment.</p> <p data-bbox="242 1252 1481 1346">While the facility is minimally staffed with one correctional officer per two units on night and weekend shifts, in the opinion of the auditor, the housing units are adequately staffed – i.e., the staffing levels met the minimum necessary to prevent, detect, and respond to incidents of sexual abuse and sexual harassment.</p> <p data-bbox="242 1375 1489 1438">Quarterly PREA meeting agendas indicate that the staffing plan and staffing levels of each facility are discussed between the agency PREA Coordinator and the individual facility PREA Managers.</p> <p data-bbox="242 1467 1489 1594">The 2019 agency annual report indicated that there were zero reports of sexual abuse at IFCRC in that year. The absence of any substantiated reports of sexual abuse and sexual harassment for the one-year period prior to the on-site visit is further evidence of the adequacy of staffing levels. Likewise, inmate interviews that uncovered zero incidents of sexual abuse or harassment and the high percentage of inmates feeling safe is evidence that the facility meets this standard.</p>

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ul style="list-style-type: none"> • IDOC SOP 317.02.01.001, Version 2.0, Searches: Cells, Units, and Residents • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination, approved January 21, 2021 • Random sample of staff training records <p>Interviews</p> <ul style="list-style-type: none"> • Staff interviews • Resident interviews <p>Site Review</p> <ul style="list-style-type: none"> • Observation of opposite gender announcements • Observation of posted signs <p>Statements of facts, staff interviews, and auditor observations consistently indicated that the facility does not conduct cross-gender visual body searches. One hundred percent of resident interviews indicated that the interviewed residents had not been subject to such searches.</p> <p>IDOC SOP 317.02.01.001 requires that correctional officers make their best efforts to allow offenders to shower, perform bodily functions, and change clothing without 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. The auditor observed physical barriers including curtains in every shower facility. Resident interviews all indicated the offenders had not been required to be fully naked before a female staff person at this facility.</p> <p>IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination requires that staff of the opposite gender announce their presence when entering an offender housing area. The auditor verified that this occurred consistently during the site review. At Idaho Falls CRC, the required announcement is at the entry door of restroom areas. Residents are required to change clothing in the restroom/shower areas only. Staff and resident interviews indicated that this occurs in regular practice.</p> <p>In addition, signs posted at appropriate places in the facility serve to remind residents and staff about opposite gender announcements. The signs read "NOTICE / MALES AND FEMALES REGULARLY WORK IN ALL IDOC FACILITIES. / OPPOSITE GENDER STAFF WILL ANNOUNCE WHEN ENTERING A LIVING AREA."</p> <p>The auditor confirmed that proper means of conducting resident pat searches were a part of both preservice and in-service training. Interviewed staff confirmed that they had received this training.</p> <p>Upon review of this evidence, the auditor concluded that the facility complies with each provision of this standard in all material ways.</p>

115.216	<p>Residents with disabilities and residents who are limited English proficient</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents</p> <ul style="list-style-type: none"> • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination, approved January 21, 2021 • Verification of IDOC contract with Language Link • Memo from PREA Coordinator re: How to Use Language Link and How to Contact American Sign Language Interpreter <p>Interviews</p> <ul style="list-style-type: none"> • Agency head (designee) interview • Staff interviews • Resident interviews <p>Site Review Observations</p> <ul style="list-style-type: none"> • Observations of Spanish versions of posted signs <p>IDOC Policy 149.01.01.001 outlines the agency's requirements to effectively communicate with residents with disabilities. Targeted resident interviews with a randomly chosen resident each of these groups – blind or low vision, deaf or hard of hearing, and cognitive limitations – indicated that the interviewed residents understood their rights and the means of reporting abuse or harassment. No residents with limited English proficiency were housed at the time of the on-site audit.</p> <p>The department maintains contracts with Language Link for interpretation services for languages other than English and with an American Sign Language interpreter.</p> <p>Staff and resident interviews indicated that the facility does not rely solely on printed materials in English to communicate with residents; intake, education, acceptance of complaints and reports of abuse or harassment, and investigations all involve face-to-face staff/resident contact so that an assessment can be made of the resident's understanding of the communication.</p> <p>Policy statements, resident and staff interviews, all indicate compliance with this standard.</p>
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115.217	Hiring and promotion decisions
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 368 300">Documents</p> <ul data-bbox="284 349 1390 577" style="list-style-type: none"> • IDOC Policy 149 Version 4.0, Prison Rape Elimination, approved May 17, 2021 • IDOC Policy 211.07.01.001, Hiring • IDOC Policy 150.01.01.003, Background Checks and Fingerprints, Version 1.0, approved November 9, 2015 • Hiring / Promotional Examination Questions • Memo from Agency Chief of Staff re: 5-year background checks, dated February 26, 2021 • Facility responses to PREA Pre-Audit Questionnaire • Full listing of all current staff, including dates of hire <p data-bbox="240 609 355 636">Interviews</p> <ul data-bbox="284 689 719 748" style="list-style-type: none"> • Interview with Agency PREA Coordinator • Interview with Acting Facility Manager <p data-bbox="240 779 1458 869">Review of documents and staff interviews indicate that the facility ensures that it does not hire or promote anyone who will have contact with inmates who has engaged in prior sexual abuse or harassment at a correctional facility by the following means:</p> <ul data-bbox="284 922 1107 1048" style="list-style-type: none"> • Criminal background checks • Signed staff acknowledgment of affirmative duty to disclose such behavior. • Criminal background checks of all staff upon 5th anniversary of hire • Hiring / Promotional Examination Questions relating to PREA standard concerns <p data-bbox="240 1079 1490 1205">The auditor requested and reviewed the evidence provided by the facility for six randomly chosen employees – three who had been hired within the last year and three who had been at the facility more than five years. The first three had passed the background check process before they began work at the facility and the second group had all been checked, and passed, within the last five years.</p> <p data-bbox="240 1236 1414 1294">These same procedures are followed for volunteers and contractors who have contact with inmates. Supervisory staff interviews verified that this practice is followed in practice.</p> <p data-bbox="240 1326 1474 1352">The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ul style="list-style-type: none"> • Facility responses to PREA Pre-Audit Questionnaire • IDOC Construction List • Memo from IDOC Construction Manager <p>Interviews</p> <ul style="list-style-type: none"> • Agency head (designee) interview • Acting Facility Manager interview • PREA Compliance Coordinator Interview <p>Site Review</p> <ul style="list-style-type: none"> • View of blind spots • View of camera locations • View of showers / curtains <p>The facility installed video cameras earlier in 2021 and was in the middle of a construction process for one of the bathrooms at the time of the on-site visit. Factors related to the prevention of sexual abuse were considered in both projects; the design paid particular attention to blind spots and privacy. In both of these projects, the institution complied with this standard.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ul style="list-style-type: none"> • Facility responses to Pre-Audit Questionnaire • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination • IDOC Policy 504.02.01.001, Version 4.0, Investigations and Intelligence Program • IDOC Policy 116.02.01.001, Custody of Evidence, Revised February 14, 2003 • Professional Services Agreement / Sexual Abuse Victim Advocate Services, September 16, 2019 <p>Interviews</p> <ul style="list-style-type: none"> • Investigator interview • Staff interviews • Agency PREA Coordinator interview <p>IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination requires appropriate procedural steps for an investigation. The facility tracks the procedural steps required by this standard:</p> <ul style="list-style-type: none"> • Access to forensic medical examinations • Examination by SAFE or SANE practitioners • Access to a victim advocate <p>The Idaho Sexual Assault Kit Initiative Advisory Group (ISAKI) developed a protocol based on the national protocol. They recently added draft standards for prisons and jails. The standards are designed to deliver the same level of trauma-informed care to victims in custody as that delivered in the community.</p> <p>The facility has a Professional Services Agreement / Sexual Abuse Victim Advocate Services with the Domestic Violence and Sexual Assault Center (DVSAC), dated September 16, 2019 (and in force through September 15, 2024). The agreement specifies that the DVSAC will provide on-site victim advocacy services in the event of an alleged rape at the facility.</p> <p>The department does not employ SAFE or SANE staff. Forensic examinations are provided at the Eastern Idaho Regional Medical Center.</p> <p>Custody of evidence is governed by IDOC Policy 116.02.01.001. Criminal investigations are handled by either the Idaho Falls Police Department or the Idaho State Police. The department has requested that the agencies follow the protocols required by the standard.</p> <p>The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents</p> <ul style="list-style-type: none"> • Facility responses to PREA Pre-Audit Questionnaire • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination <p>Interviews</p> <ul style="list-style-type: none"> • Acting facility manager interview • Agency PREA Coordinator interview <p>Website review</p> <ul style="list-style-type: none"> • https://www.idoc.idaho.gov/content/prisons/prea <p>The agency has the above-listed policy and procedure which requires administrative and criminal investigations in the event of inmate or third-party allegations of sexual abuse or harassment.</p> <p>The policies clearly delineate the responsibilities of institution investigative staff and that of the investigative agencies, local law enforcement or the Idaho State Police. This policy delineation of responsibility is made available to the public via the agency's website as required by the standard.</p> <p>The auditor's review of this evidence leads him to the conclusion that this standard was fully met in policy, procedure, and practice at the time of the on-site audit.</p>

115.231	Employee training
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Documents</p> <ul style="list-style-type: none"> • Facility responses to PREA Pre-Audit Questionnaire • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination • PREA New Employee Orientation PowerPoint Presentation, updated January 2021 • PREA Preservice Training (POST) PowerPoint Presentation • PREA Preservice Training (POST) PowerPoint Presentation REVISED, effective September 2021 • PREA Inservice Training PowerPoint Presentation • PREA First Responder "Pocket Card" • Training – "The Special Investigative Unit & Preventing Staff Sexual Misconduct" - PowerPoint Presentation • PREA Definitions – Briefing Sheet • PREA Reporting – Briefing Sheet • Inservice Computer Training Presentation • Attestation forms – New Employees & Contractors • POST Academy (Correctional Officers) – PREA Test Questions • General Staff Quiz – PREA Test Questions • Attestation / PREA Test Questions – General Staff – Inservice Computer Training • Training Memo outlining initial and ongoing training for all staff, contractors, and volunteers • Training documentation and attestation forms for randomly chosen staff • Interviews • Acting facility manager interview • Agency PREA Coordinator interview • Staff interviews <p>IDOC policies and directives require that all staff who have contact with inmates receive PREA training upon hire (before being assigned to work on a unit), and annually thereafter. The training includes:</p> <ul style="list-style-type: none"> • Zero tolerance • Prevention, detection, reporting, and response • Inmates' rights • Retaliation • Sexual abuse and harassment in confinement • Common reactions of victims • Detection and response to threatened or actual abuse • Inappropriate relationships with inmates • Communication with LGBTI inmates • Mandatory reporting <p>IDOC policies require, and auditor interviews and document review indicate that all staff receive this training and understand its content. The document review included a request for six randomly selected corrections staff; evidence was provided that all had completed and signed off as understanding the relevant initial or annual training within the last year. All facility staff were interviewed, and all demonstrated a good understanding of their responsibilities regarding the prevention, detection, and response to incidents of sexual abuse and harassment.</p> <p>The department's training materials are comprehensive, thoughtful, and well-designed. They go beyond just restating the words of the standards; they explain the details and intent. Post-tests are used to ensure that staff understand the content of the training. Briefing sheets are provided to supervisors to remind staff of key training points in between training sessions. Training is provided both in classroom sessions and through self-directed computer refresher sessions. Correctional officers are provided with "pocket information cards" that they can carry with them and refer to in the event of a report or discovery of a sexual abuse incident. The cards outline the basics of a first responder's duties.</p> <p>The auditor's review of this evidence leads him to the conclusion that this standard is met and substantially exceeded in policy, procedure, and practice.</p>

115.232	Volunteer and contractor training
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 368 300">Documents</p> <ul data-bbox="284 349 1212 645" style="list-style-type: none"> • Facility responses to PREA Pre-Audit Questionnaire • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination • IDOC Policy 606.02.01.001, Volunteer Services in Correctional Facilities • Limited Service Volunteer Application • PREA Orientation – Limited Service Volunteer • PREA - Volunteer Agreement • PREA Inservice Training PowerPoint Presentation • Inservice Computer Training Presentation • Training Memo outlining initial and ongoing training for all staff, contractors, and volunteers <p data-bbox="242 674 355 703">Interviews</p> <ul data-bbox="284 754 671 815" style="list-style-type: none"> • Acting facility manager interview • Agency PREA Coordinator interview <p data-bbox="242 844 1383 904">IDOC policies and directives require that all volunteers who have contact with inmates receive PREA training upon engagement (before being assigned to volunteer on a unit), and annually thereafter. The training includes:</p> <ul data-bbox="284 956 845 1285" style="list-style-type: none"> • Zero tolerance • Prevention, detection, reporting, and response • Inmates' rights • Retaliation • Sexual abuse and harassment in confinement • Common reactions of victims • Detection and response to threatened or actual abuse • Inappropriate relationships with inmates • Communication with LGBTI inmates • Mandatory reporting <p data-bbox="242 1314 1452 1375">Contractors receive the same training as employees. The auditor interviewed both contract staff (medical providers); they exhibited a good understanding of PREA-related responsibilities.</p> <p data-bbox="242 1404 1476 1464">Volunteers have not worked at IFCRC since the beginning of the pandemic. However, training was provided in August 2021 to allow them to return to the facility this fall.</p> <p data-bbox="242 1494 1436 1554">The auditor's review of this evidence leads him to the conclusion that this standard is met and substantially exceeded in policy, procedure, and practice.</p>

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 368 297">Documents</p> <ul data-bbox="284 349 1390 544" style="list-style-type: none"> • Facility responses to PREA Pre-Audit Questionnaire • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination • Agency electronic offender management system records • Verification of IDOC contract with Language Link • Memo from PREA Coordinator re: How to Use Language Link and How to Contact American Sign Language Interpreter <p data-bbox="242 573 355 600">Interviews</p> <ul data-bbox="284 651 507 678" style="list-style-type: none"> • Resident interviews <p data-bbox="242 707 1469 801">IDOC Policy 149.01.01.001 requires case managers to update residents' PREA education upon intake from another IDOC facility. This update is noted on residents electronic offender management system records. Virtually all new residents come to IFCRC from other IDOC facilities.</p> <p data-bbox="242 831 1469 896">Language Link and sign language interpreters are available if needed to effectively communicate with residents with limited English proficiency and hearing disabilities.</p> <p data-bbox="242 925 1485 990">Resident interviews and document reviews indicated that residents understood their PREA rights and the means of reporting abuse or harassment.</p> <p data-bbox="242 1019 1267 1046">Policy statements, resident interviews, and document review all indicate compliance with this standard.</p>

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ul style="list-style-type: none"> • Facility responses to PREA Pre-Audit Questionnaire • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination • Agenda – Basic Intelligence and Investigation Training Course • PowerPoint Presentation for Basic Intelligence and Investigation Training • Certificates of Completion – NIC Course “PREA: Investigating Sexual Abuse in a Confinement Setting” and the “Advanced Investigations” Course • Certificate of Completion – Private Course “PREA Investigations: What Happens After an Investigation” <p>Interviews</p> <ul style="list-style-type: none"> • Investigator interview <p>IDOC Policy 149.01.01.001 requires agency investigators to complete training relating to investigating sexual abuse in a confinement setting. IFCRC’s investigator has completed two 3-hour NIC online course on this topic, a private course, and a three-day course provided by the agency that included PREA-related investigative issues.</p> <p>The on-site audit interview of this investigator indicated a thorough understanding of the issues and requirements of this standard.</p> <p>Policy statements, the investigator interview, and document review all indicate compliance with this standard.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 197 1509 253">Auditor Discussion</p> <p data-bbox="229 253 1509 309">Documents</p> <ul data-bbox="284 342 1173 477" style="list-style-type: none"> • Facility responses to PREA Pre-Audit Questionnaire • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination • PREA New Employee Orientation PowerPoint Presentation, updated January 2021 • PowerPoint Presentation for Medical Contractor Training “Prison Rape Elimination Act” <p data-bbox="229 499 1509 555">Interviews</p> <p data-bbox="229 566 1509 622">Medical staff interviews</p> <p data-bbox="229 622 1509 723">IDOC Policy 149.01.01.001 requires contract medical to complete training relating to their responsibilities concerning sexual abuse and sexual harassment in a confinement setting. Both of IFCRC’s contract medical staff have completed the IDOC orientation course and a contract medical provider’s course that thoroughly covered these subjects.</p> <p data-bbox="229 745 1509 813">The on-site audit interviews of these two staff indicated a good understanding of the issues and requirements of this standard.</p> <p data-bbox="229 835 1509 880">Policy statements, the investigator interview, and document review all indicate compliance with this standard.</p>

115.241	<p>Screening for risk of victimization and abusiveness</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents</p> <ul style="list-style-type: none"> • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination • Screening Tracker Spreadsheet <p>Interviews</p> <ul style="list-style-type: none"> • Resident interviews <p>The auditor randomly chose six residents and reviewed their screening forms. The form requires that the intake officer ask specific questions and make his or her observations of the presence of risk factors. In the auditor's opinion, these criteria are objective in nature, and they are applied objectively. The criteria include:</p> <ul style="list-style-type: none"> • Whether the resident has a mental, physical, or developmental disability • The age and physical build of the resident • Whether the resident has previously been incarcerated • Whether the resident's criminal history is exclusively nonviolent • Whether the resident has prior convictions for sex offenses • Whether the resident identifies or appears to the intake officer as LGBTQI or otherwise gender nonconforming • Previous sexual victimization • The resident's own perception of vulnerability <p>In addition to screening residents for their vulnerability and risk factors for victimization, the form and intake process are used to assess residents' risk for being sexually abusive. Prior acts of sexual abuse, prior convictions for violent offenses, and prior history of institutional violence are considered.</p> <p>All interviewed residents reported that they had been asked these questions on the first day of their arrival. The facility's tracking spreadsheet also supported that the practice conforms with IDOC policy and the standard.</p> <p>The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>
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115.242	Use of screening information
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 368 300">Documents</p> <ul data-bbox="284 349 691 378" style="list-style-type: none"> • Completed Offender Screening Forms <p data-bbox="242 409 355 439">Interviews</p> <ul data-bbox="284 488 716 613" style="list-style-type: none"> • Staff interviews • Resident interviews • Interview with agency PREA Coordinator • Interview with agency Deputy Director <p data-bbox="242 645 1493 804">Department policies and procedures govern the use of screening information in making housing, bed, work, education, and other program assignments. All describe an individualized process designed to ensure the safety of residents, staff, and the overall facility. Staff and resident interviews consistently indicated that the process is followed and unanimously indicated that residents feel safe at this facility. Completed Offender Screening Forms and other resident records indicated referrals to various assignments were made on an individualized, case-by-case basis.</p> <p data-bbox="242 835 1485 929">No transgender or intersex residents were housed at the facility at the time of the on-site audit. Staff interviews indicated that policy and standard requirements would be followed. Interviews with the agency deputy director and the agency PREA Coordinator indicated that LGBTI inmates are not housed in dedicated facilities, units, or wings.</p> <p data-bbox="242 960 1477 990">The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.251	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <ul style="list-style-type: none"> • Documents • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination, • IDOC Policy 402.02.01.001, Mail Handling in Correctional Facilities • Resident handbooks • Memorandum of Agreement with Idaho Sheriffs' Association <p>Interviews</p> <ul style="list-style-type: none"> • Staff interviews • Resident interviews <p>Site Review Observations</p> <ul style="list-style-type: none"> • Posted signs <p>Residents learn that they can report sexual abuse or harassment in multiple ways, including:</p> <ul style="list-style-type: none"> • Resident handbook • Posted signs • Intake Briefing • Brochures and pamphlets <p>The internal ways include:</p> <ul style="list-style-type: none"> • Verbal report to a correctional officer or other staff • Written report via inmate communication form to any IDOC staff person • Verbal or written report to the facility PREA Compliance Manager • Filing an offender grievance <p>The external ways include:</p> <ul style="list-style-type: none"> • PREA Hotline (*773) • Letter to the Agency PREA Coordinator • Letter to the Idaho Sheriffs' Association • Via a third-party, such as a family member or other community member <p>Policy specifies that a written complaint can be submitted anonymously; an anonymous report is accepted and investigated. Resident interviews consistently verified that residents know of the various internal and external ways of reporting. Staff interviews confirmed that they understand the importance of documenting verbal reports and the requirement to promptly pass all reports up the chain of command to be addressed. Staff interviews also verified their knowledge of policy regarding their own methods of privately reporting sexual abuse and harassment of inmates.</p> <p>A 1-800 telephone number and a generic email address, victimservices@idoc.idaho.gov, are available for direct contact with the agency PREA Coordinator.</p> <p>The department has a written agreement with the Idaho Sheriffs' Association (ISA); according to the agreement the ISA will accept inmate or resident complaints and refer the information back to the appropriate level of the department for investigation. Mail handling policies allow for such correspondence to be sent anonymously and confidentially.</p> <p>Line staff interviews indicated that the normal means of notification is to shift commander, supervisor or the facility duty officer. Staff also indicated that they could report to others in the administration, including the facility manager, as opposed to a strict interpretation of the chain of command.</p> <p>The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ul style="list-style-type: none"> • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination, • IDOC Policy 316.02.01.001, Grievance and Informal Resolution Procedure for Offenders • Agency responses to Pre-Audit Questionnaire <p>The auditor's review of IDOC Policy indicates that the institution has plans and procedures in place to ensure the following:</p> <ul style="list-style-type: none"> • No time limit is imposed on when an inmate may submit a grievance regarding an instance of sexual abuse • Inmates are not required to use an informal grievance process to resolve an alleged incident of sexual abuse • Inmates are not required to submit a grievance to a staff member who is the subject of a complaint • Such grievances are not referred to a staff member who is the subject of a complaint • The agency issues a final decision within 90 days of the initial filing of the grievance, such 90-day period not including the inmate's time preparing an administrative appeal • If the agency claims an extension of time to respond, it will notify the inmate in writing of the extension and provide a date by which a decision will be made • Third parties are permitted to assist inmates in filing requests for administrative remedies, and to file such requests on behalf of inmates • The agency will document an inmate's decision to decline assistance • Emergency grievances may be filed if an inmate alleges that he is at substantial risk of imminent sexual abuse • Emergency grievances are immediately forwarded to a level of review at which corrective action can be taken, a response is provided within 48 hours, and a final agency decision is issued within five calendar days. • The determination of substantial risk and the action taken are documented <p>Although there were no cases to review to test these plans and procedures in practice, facility responses indicated that such procedures would be followed. In the auditor's judgment, the facility complies in all material ways with this standard.</p>

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ul style="list-style-type: none"> • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination, • IDOC Policy 402.02.01.001, Mail Handling in Correctional Facilities • Agency responses to Pre-Audit Questionnaire • Memorandum of Understanding between IDOC and Just Detention International • Professional Services Agreement between IDOC and the Domestic Violence and Sexual Assault Center • Resident Brochures <p>Interviews</p> <ul style="list-style-type: none"> • Interview with Agency PREA Coordinator • Staff interviews • Resident interview <p>Just Detention International (JDI) offers emotional support packets via the mail, as provided for in a memorandum of understanding with the agency. The Domestic Violence and Sexual Assault Center (DVSAC) of Idaho Falls has a written agreement with the department to provide victim advocacy and support services to residents who request these services while housed at IFCWC.</p> <p>Residents are advised of the availability of this service at the intake and via a brochure available to all residents. The mailing addresses and telephone numbers, including the toll-free hotline number are available. The auditor confirmed this service is available by interviews of residents and staff.</p> <p>The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ul style="list-style-type: none"> • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination • Posted signs • Resident handbooks <p>Interviews</p> <ul style="list-style-type: none"> • Staff interviews • Resident interviews <p>Site Review Observations</p> <p>Posted signs (visiting room)</p> <p>Third-party reporters such as family members can report incidents of sexual abuse and sexual harassment to 1-800 telephone number and a generic email address, victimservices@idoc.idaho.gov, for direct contact with the agency PREA Coordinator. Such reports are handled immediately in the same manner as first-person reports.</p> <p>Members of the public can learn of these means, and the agency PREA Coordinator's direct telephone number via the department website. The 1-800 number and email address are listed on posted signs in the facility visiting area as well. The auditor confirmed this service is available by interviews of residents and staff.</p> <p>The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ul style="list-style-type: none"> • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination <p>Interviews</p> <ul style="list-style-type: none"> • Staff interviews • Medical Staff interviews <p>IDOC policies and directives, and staff training require immediate reporting of circumstances placing an inmate in immediate risk of sexual abuse, and action to protect the inmate in danger. These same policies clarify that such reporting is limited to the extent necessary to allow administrators to make treatment, investigation, and other management decisions. Medical providers are required by policy, procedure, and initial training to report such circumstances, and to inform inmates of this duty and the limits of confidentiality. Staff and contract medical staff interviews consistently demonstrated an understanding of these requirements.</p> <p>The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ul style="list-style-type: none"> • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination • Facility response to pre-audit questionnaire • Training Materials <p>Interviews</p> <ul style="list-style-type: none"> • Staff interviews <p>IDOC policies and staff training require immediate response to circumstances placing an inmate in immediate risk of sexual abuse, including action to protect the inmate in danger. Although there have been no circumstances of this severity at the facility, staff interviews consistently demonstrated an understanding of these requirements, which are clearly outlined in training materials.</p> <p>The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ul style="list-style-type: none"> • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination • Facility responses to Pre-audit questionnaire • Training Materials <p>Interviews</p> <ul style="list-style-type: none"> • Staff interviews <p>IDOC policies and staff training require reporting to other facilities within 72 hours in the event of a report of sexual abuse or harassment at another facility. Although there have been no such reports at the facility in the past year, staff interviews consistently demonstrated an understanding of these requirements, which are clearly outlined in policy and training materials.</p> <p>The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ul style="list-style-type: none"> • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination • Facility responses to Pre-audit questionnaire • Training Materials • First Responder Card <p>Interviews</p> <ul style="list-style-type: none"> • Staff interviews • Contract staff interviews <p>IDOC policies and staff training require separation of the alleged victim and abuser by the first responder, and actions to preserve the crime scene and preserve evidence. Policies also require these actions of non-custody staff if they are the first responders to the incident.</p> <p>These policies and training are reinforced by a "First Responder Card" which every staff member can carry with them outlining the specific steps required by the standard.</p> <p>Staff and contract staff interviews, training materials and the first responder card consistently supported that staff have an understanding of these requirements. The auditor's review of this evidence leads him to a conclusion of full compliance with this standard.</p>

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 368 297">Documents</p> <ul data-bbox="284 349 1273 544" style="list-style-type: none"> • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination • Coordinated Response Plan to Reports of Sexual Abuse, Idaho Falls Community Reentry Center • Professional Services Agreement / Sexual Abuse Victim Advocate Services • Facility responses to Pre-audit questionnaire • Training Materials • First Responder Card <p data-bbox="242 573 355 600">Interviews</p> <ul data-bbox="284 651 687 815" style="list-style-type: none"> • Staff interviews • PREA Compliance Manager interview • Contract medical staff interviews • Investigator interview • Acting facility manager interview <p data-bbox="242 844 1493 972">IDOC policies and staff training require separation of the alleged victim and abuser by the first responder, and actions to preserve the crime scene and preserve evidence. A detailed coordinated response plan has been developed for IFCRC, outlining the responsibilities of corrections staff, medical and mental health providers, the facility PREA Compliance Manager, the rape crisis advocacy agency, investigators, and the facility manager.</p> <p data-bbox="242 1001 1441 1095">Staff and contract staff interviews, and training materials consistently supported that staff have an understanding of their roles in this coordinated plan. The auditor's review of this evidence leads him to a conclusion of full compliance with this standard.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents</p> <ul style="list-style-type: none"> • Facility responses to pre-audit questionnaire • Memo from agency PREA Coordinator re: No Collective Bargaining Agreements <p>Interviews</p> <ul style="list-style-type: none"> • Agency head (designee) interview • Agency PREA Coordinator interview <p>The auditor's review of the above-listed materials and the listed interviews found no evidence of a collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>This standard is in full compliance.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ul style="list-style-type: none"> • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination • Facility responses to Pre-audit questionnaire • IDOC Retaliation monitoring form <p>IDOC Policy and Procedure outlines the plan to monitor an inmate's housing, program, and disciplinary status for 90 days following the investigation of an incident of sexual abuse. Policies dictate the prohibitions against retaliation and the disciplinary consequences for those who do so. The department has developed a form to document this monitoring.</p> <p>The auditor reviewed the documentation of investigations conducted in 2018 and 2019. Although one case was found to be substantiated, the resident was not housed at the facility after the investigation, so documentation of retaliation review was not available for this audit.</p> <p>The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and in actual practice.</p>

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents</p> <ul style="list-style-type: none"> • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination • Facility responses to Pre-audit questionnaire • Idaho State Historical Society Records Retention Schedule • Training records of staff investigator • Review of completed investigations <p>Interviews</p> <ul style="list-style-type: none"> • Staff interviews • Investigator interview <p>IDOC policies and procedures require the following:</p> <ul style="list-style-type: none"> • Prompt, thorough, and objective investigations • Investigation of all allegations, including those from third parties • Use of available physical and DNA evidence and available electronic monitoring data (video) • Interviews of alleged victims, suspected perpetrators, and witnesses • Review of prior reports and complaints of sexual abuse involving the suspected perpetrator • Assessment of the credibility of an alleged victim, suspect, or witness on an individual basis • Efforts to determine whether staff actions or failures to act contributed to the abuse <p>Further, IDOC policies and procedures require</p> <ul style="list-style-type: none"> • Investigations performed by persons who have received specialized training to conduct such investigations • Written reports which contain a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings • That the departure of an alleged abuser or victim from the employment or custody of the agency does not provide a basis for terminating an investigation <p>Records retention policies require that such records must be retained.</p> <p>Investigator and staff interviews, and the review of the 2018 and 2019 investigations indicate that these policies and procedures are consistently followed. The substantiated case was referred for prosecution.</p> <p>The auditor's review of this evidence leads him to the conclusion that this standard is met in all substantial ways in policy, procedure, and practice.</p>

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ul style="list-style-type: none"> • Facility responses to PREA Pre-Audit Questionnaire • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination • Training materials • Two completed investigative files <p>Interviews</p> <ul style="list-style-type: none"> • Investigative staff interview <p>IDOC policies, training materials, and the investigative staff interview indicate that the standard determining whether allegations of sexual abuse or sexual harassment are substantiated is a preponderance of the evidence. A review of two completed investigations revealed no instances of applying a higher standard.</p> <p>The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.273	Reporting to residents
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 368 300">Documents</p> <ul data-bbox="284 409 962 539" style="list-style-type: none"> • Facility responses to PREA Pre-Audit Questionnaire • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination • Two completed investigative files • IDOC PREA Reporting to Inmate Form <p data-bbox="242 566 355 595">Interviews</p> <ul data-bbox="284 645 520 674" style="list-style-type: none"> • Investigator interview <p data-bbox="242 701 1485 860">IDOC policies and procedures require notification of the reporting resident of the results of administrative investigations, investigations by outside agencies, and investigations referred for criminal prosecution. The auditor reviewed the documentation of investigations conducted in 2018 and 2019. Although one case was found to be substantiated, the resident was not housed at the facility after the investigation, so documentation of resident notification was not available for this audit.</p> <p data-bbox="242 891 1477 954">Following an resident's allegation that a staff member has committed sexual abuse against him, these same policies require that the agency subsequently inform the resident:</p> <ul data-bbox="284 1005 1449 1167" style="list-style-type: none"> • When the staff member is no longer posted within the resident's unit • When the staff member is no longer employed at the facility • When the agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility • When the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility <p data-bbox="242 1196 1466 1258">Further, IDOC policies and directives require notification of the reporting resident following his allegation that he or she has been sexually abused by another resident, that the agency subsequently inform the alleged victim:</p> <ul data-bbox="284 1308 1490 1438" style="list-style-type: none"> • When the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility • When the agency learns that the alleged inmate abuser has been convicted on a charge related to sexual abuse within the facility <p data-bbox="242 1464 1275 1494">These notifications are to be documented by the following form: IDOC PREA Reporting to Inmate Form.</p> <p data-bbox="242 1523 1469 1585">The auditor's interview and his review of IDOC policies and procedures, lead him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.276	Disciplinary sanctions for staff
	<p data-bbox="240 147 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 273 368 300">Documents</p> <ul data-bbox="284 349 963 510" style="list-style-type: none"> • IDOC Policy 205.07.01.001, Corrective and Disciplinary Action • IDOC Policy 219, Sexual Misconduct with Offenders • Facility responses to PREA Pre-Audit Questionnaire • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination • Two completed investigative files <p data-bbox="240 542 357 568">Interviews</p> <ul data-bbox="284 618 544 645" style="list-style-type: none"> • Acting Facility Manager <p data-bbox="240 676 1469 770">The language of the standard is repeated in IDOC Policy 149.01.01.001. No instances of staff violations of agency sexual abuse or sexual harassment policies have occurred in the past 12 months, but one of the two investigations reviewed (from 2018-19) related to staff misconduct, and the perpetrator was terminated from employment.</p> <p data-bbox="240 801 1474 828">The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents</p> <p>IDOC Policy 219, Sexual Misconduct with Offenders</p> <ul style="list-style-type: none"> • Facility responses to PREA Pre-Audit Questionnaire • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination <p>Interviews</p> <ul style="list-style-type: none"> • Acting Facility Manager <p>The language of the standard is repeated in IDOC Policy 149.01.01.001. No instances of contract staff violations of agency sexual abuse or sexual harassment policies have occurred in the past 12 months.</p> <p>The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.278	Disciplinary sanctions for residents
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 368 300">Documents</p> <ul data-bbox="284 349 962 445" style="list-style-type: none"> • Facility responses to PREA Pre-Audit Questionnaire • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination • IDOC Disciplinary Offenses <p data-bbox="242 474 355 504">Interviews</p> <ul data-bbox="284 553 464 582" style="list-style-type: none"> • Staff interviews <p data-bbox="242 611 727 640">IDOC policies, plans, and directives require that:</p> <ul data-bbox="284 689 1485 1420" style="list-style-type: none"> • Offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse, sexual harassment, extortion, substantiated acts of violence, or following a criminal finding of guilt for offender-on-offender sexual abuse. • Sanctions are appropriate to the nature of abuse committed, the offender's disciplinary history, and the sanction imposed for comparable offenses by other offenders with similar histories. • The disciplinary process considers whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. • An offender may be disciplined for sexual contact with staff only if it is determined the staff member did not consent to the contact. • Disciplinary actions related to staff-on-offender sexual abuse or sexual harassment violations are handled in accordance with IDOC Policy. • Sexual activity between offenders is prohibited and when discovered, it results in disciplinary sanctions in accordance with the IDOC policy. However, sexual activity between offenders is not considered sexual abuse if it is determined the activity is consensual. • Engaging in consensual sexual acts with others, defined as "intentional contact between the genitals of one person and the genitals, mouth, anus, or hands of another person with the consent of both participants" is considered a lesser disciplinary violation. • A report of sexual abuse made in good faith, based on a reasonable belief that the alleged conduct occurred, does not in itself constitute falsely reporting an incident of lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. • When the preponderance of evidence exists supporting a false allegation, the offender involved in the false allegation shall be disciplined in accordance with the IDOC policy. <p data-bbox="242 1449 1433 1509">Staff and contractor interviews indicate that these policies are followed in practice. The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.282	<p>Access to emergency medical and mental health services</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents</p> <ul style="list-style-type: none"> • Facility responses to PREA Pre-Audit Questionnaire • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination <p>Interviews</p> <ul style="list-style-type: none"> • Staff interviews • Inmate interviews <p>IDOC Policies require:</p> <ul style="list-style-type: none"> • That offender 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. • That if no qualified medical or mental health practitioners are on duty at the time a report of abuse is made, staff first responders take preliminary steps to protect the victim and immediately notify the appropriate on-call medical and mental health practitioners. • That offenders who become victims of sexual abuse while incarcerated shall be offered timely information about and access to emergency sexually transmitted infections prophylaxis, according to professionally accepted standards of care, where medically appropriate. • That treatment services are provided to the offender victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. <p>Review of inmate records and staff, contractor, and inmate interviews indicated that these policies are followed in practice. The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>
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115.283	<p>Ongoing medical and mental health care for sexual abuse victims and abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents</p> <ul style="list-style-type: none"> • Facility responses to PREA Pre-Audit Questionnaire • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination • IDOC Policy 303.02.01.001 Classification: Inmate <p>Interviews</p> <ul style="list-style-type: none"> • Staff interviews • Inmate interviews <p>IDOC Policies require:</p> <ul style="list-style-type: none"> • All offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile unit are offered medical and mental health evaluation and treatment, as appropriate. • The evaluation and treatment of such offender victims include follow-up services, treatment plans, and, when necessary, • Referrals for continued care following transfer to, or placement in other units in accordance with BOP medical policies or their release from custody. • Offender victims are provided medical and mental health services consistent with the community level of care. • Offenders who become victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. • A mental health evaluation of all known offender-on-offender abusers is attempted within 60 days of learning of the abuse and initial treatment. <p>The facility does not, however, provide such mental health treatment on site. An offender may need to be transferred to another IDOC facility which has the staff to provide such services.</p> <p>Review of inmate records and staff, contractor, and inmate interviews indicated that these policies are followed in practice. The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>
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115.286	Sexual abuse incident reviews
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 368 300">Documents</p> <ul data-bbox="284 349 1050 479" style="list-style-type: none"> • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination • IDOC Field Memorandum 149.01.01.001 CRC-IF, Prison Rape Elimination • Sexual Abuse Incident Review of 2018 Incident • PREA Annual Reports – 2017, 2020, 2019 <p data-bbox="242 508 355 537">Interviews</p> <ul data-bbox="284 586 671 649" style="list-style-type: none"> • Agency PREA Coordinator interview • Acting Facility Manager interview <p data-bbox="242 678 1477 837">IDOC Policies require an administrative review of all alleged sexual abuse and sexual harassment incidents, unless determined unfounded. The facility manager is required to obtain input from supervisory staff, investigators, and medical or mental health practitioners when completing the review. The review team includes upper-level management, with input from line supervisors, investigators, and medical or mental health practitioners. The facility is required to implement recommendations that result from the review, or to document the reasons for not doing so.</p> <p data-bbox="242 866 1477 929">Although the facility had to go back to 2018 to find a case which required this review, a review was completed in accordance with the standard in that case.</p> <p data-bbox="242 958 1437 1021">IDOC requires the facility manager or designee to conduct a prompt, thorough investigation, after reporting a serious or unusual incident and to complete an Administrative Incident Review. The review is required to include:</p> <ul data-bbox="284 1072 1469 1366" style="list-style-type: none"> • A review of the circumstances of the incident • The name(s) of the person(s) involved • Events leading up to and following the incident • A consideration of whether the actions taken were consistent with IDOC policies and procedures • A review of whether lesser alternative means of managing the situation were available • An identification of actions, if any, that could be taken to avoid future incidents of a similar nature and identification of training needs • A determination of whether employee action or inaction was a factor • Corrective action taken <p data-bbox="242 1395 1477 1458">The facility provided access to three annual reports, for calendar years 2017, 2018, and 2019. The 2019 report contained an analysis of these incidents statewide and recommendations for addressing the issues.</p> <p data-bbox="242 1487 1493 1581">The auditor's review of incident review records and staff interviews indicates that these policies and the other requirements of the standard are followed in practice. The auditor's review of the evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ul style="list-style-type: none"> • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination • PREA Annual Reports – 2017, 2018, 2019 • Survey of Sexual Victimization, 2019, State Prison Systems, Summary Form • Memo from U. S. Department of Justice (DOJ), dated September 2, 2021, requesting 2020 data when instructions arrive “in a few weeks” <p>Interviews</p> <ul style="list-style-type: none"> • Agency PREA Coordinator interview <p>IDOC Policies and Procedures require these statistics to be collected in accordance with Bureau of Justice Statistics (BJS) guidelines. The most recent statistical report and annual report at the time of the on-site audit was for calendar year 2019. The annual reports for 2017, 2018, and 2019 are available for access online.</p> <p>The department received a letter from the DOJ in September 2021 requesting data for calendar year 2020 when instructions arrive “in a few weeks”.</p> <p>In the auditor’s judgment, this documentation demonstrates that the agency complies in all material ways with the standard for the relevant review period. The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ul style="list-style-type: none"> • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination • PREA Annual Reports – 2017, 2018, 2019 <p>Interviews</p> <ul style="list-style-type: none"> • Agency PREA Coordinator interview <p>IDOC Policies and Procedures require these statistics to be used to evaluate and improve operations to enhance inmate safety. The most recent statistical report and annual report at the time of the on-site audit was for calendar year 2019. The annual reports for 2017, 2018, and 2019 are available for access online. The 2019 report includes an analysis of the data compared to previous years and discusses changes considered and made to address issues suggested by the data.</p> <p>In the auditor's judgment, this documentation demonstrates that the agency complies in all material ways with the standard for the relevant review period. The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents</p> <ul style="list-style-type: none"> • IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination • PREA Annual Report – 2019 <p>Interviews</p> <ul style="list-style-type: none"> • Agency PREA Coordinator interview <p>IDOC Policy requires the maintenance of a retention schedule. That schedule requires PREA related data to be maintained for 10 years. No personally identifiable data is included in the information made available to the public. The 2019 annual report includes all aggregated sexual abuse data, from facilities under its direct control and the two private facilities which hold its inmates.</p> <p>In the auditor’s judgment, this documentation demonstrates that the agency complies in all material ways with the standard for the relevant review period. The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents</p> <ul style="list-style-type: none"> • Email attachments, notably time-stamped photographs of signs posted prior to audit • Resident handbook <p>Interviews</p> <ul style="list-style-type: none"> • Staff interviews • Inmate interviews <p>This was the first formal PREA audit of an Idaho prison facility. The auditor had access to, and the ability to observe all areas of the audited facility. The auditor was given access to documents sufficient to make determinations of compliance; copies of all relevant documents were provided. Private interviews were conducted with 16 inmates.</p> <p>Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This was the first formal PREA audit of an Idaho prison facility.

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in 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.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	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
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, 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 require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes

115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the 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.)	yes
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	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

115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent 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)).	yes
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by 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.)	yes
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

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

115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf 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.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to 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.)	yes
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency 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.)	yes
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

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

115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na

115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive 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.)	na
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	no
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	na