

PREA Facility Audit Report: Final

Name of Facility: Ada County Juvenile Court Services

Facility Type: Juvenile

Date Interim Report Submitted: 07/20/2017

Date Final Report Submitted: 10/24/2017

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: Macilla Jager	Date of Signature: 10/24/2017

AUDITOR INFORMATION	
Auditor name:	Jager, Kila
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Email:	kilajager@preauditor.com
Telephone number:	
Start Date of On-Site Audit:	06/16/2017
End Date of On-Site Audit:	06/18/17

FACILITY INFORMATION	
Facility name:	Ada County Juvenile Court Services
Facility physical address:	6300 W. Denton Street, Boise, Idaho - 83704
Facility Phone	208-577-4800
Facility mailing address:	
The facility is:	<input checked="" type="radio"/> County <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
Facility Type:	<input checked="" type="radio"/> Detention <input type="radio"/> Correction <input type="radio"/> Intake <input type="radio"/> Other <input type="text"/>

Primary Contact			
Name:	Ken Jenkins	Title:	PREA Coordinator
Email Address:	kjenkins@adaweb.net	Telephone Number:	208-577-4854

Warden/Superintendent			
Name:	Terry Shaffer	Title:	Detention Manager
Email Address:	jvshaftw@adaweb.net	Telephone Number:	208-577-4941

Facility PREA Compliance Manager			
Name:		Email Address:	

Facility Health Service Administrator			
Name:	currently in the process of hiring	Title:	
Email Address:		Telephone Number:	

Facility Characteristics	
Designed facility capacity:	71
Current population of facility:	36
Age range of population:	10-17
Facility security level:	Medium
Resident custody level:	
Number of staff currently employed at the facility who may have contact with residents:	36

AGENCY INFORMATION	
Name of agency:	Ada County Juvenile Court Services
Governing authority or parent agency (if applicable):	Ada County
Physical Address:	6300 W. Denton Street, Boise, Idaho - 83704
Mailing Address:	
Telephone number:	208-577-4800

Agency Chief Executive Officer Information:			
Name:	Dawn Burns	Title:	Director
Email Address:	dburns@adaweb.net	Telephone Number:	208-577-4811

Agency-Wide PREA Coordinator Information			
Name:	Ken Jenkins	Email Address:	kjenkins@adaweb.net

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.

The onsite portion of the PREA audit of Ada County Juvenile Detention Center (ACJDC), in Boise Idaho, occurred on May 16-18, 2017, with a total of three days on-site. The onsite audit began with an entrance meeting, including an introduction and overview of the schedule for the three-day audit period. ACJDC provided a PowerPoint overview of the agency and of the detention center. ACJDC also provided this auditor with the training that is provided for all contractors, volunteers and interns who may have contact with residents.

Prior to the onsite audit, a documentation review was completed, and this auditor provided a written, initial assessment, of that documentation, to ACJDC. The assessment contained a very early review and was revised as more information was gathered and reviewed.

Before arrival at the facility, this auditor requested a partial interview schedule be completed by the facility, including all required specialty staff members. Also, a printed list of all staff members, and all residents, available upon arrival-- facilitating choosing random staff and youth to interview.

Upon arrival and prior to the tour, this auditor chose additional staff to be interviewed. Those interviewees were selected randomly, from schedules of all staff members on duty during the days of the audit. Interviews included staff working on all shifts. The PREA Compliance Manager and PREA Coordinator scheduled the additional random staff interviews, around already scheduled specialty staff interviews

Following the entrance meeting a comprehensive tour of the facility was provided. After completing the tour, interviews began and continued throughout the subsequent three days.

One Interview was completed, prior the site visit, with Ada County Sheriff's Office, and two interviews occurred after the site visit- with the SANE nurse, and the advocate agency. All other interviews were conducted during the site visit.

Additionally, randomly selected resident interviews were conducted, from all living units or groups at the facility. There were no residents who reported sexual victimization during risk screening at admission, no youth who identified as gay, lesbian, bisexual, transgender or intersex, and no youth with limited English proficiency or literacy skills at the time of the audit.

There were 33 residents listed in the daily population, and interviews were conducted with ten. Residents interviewed included those housed in each of the two male pods, and the one female pod. This auditor was at the facility into the evening, to interview staff and observe activities.

An Exit Meeting was held the final day of the audit. During that meeting, I praised the hard work of all staff, in this facility's second PREA audit. ACJDC show-cased excellent work maintaining their compliant

status and upgrades since the last audit. The work of the PREA Coordinator, the Assistant Detention Manager and staff, both prior to and during the audit, helped to ensure that the audit went smoothly.

This auditor commented that the facility staff were dedicated, knowledgeable, and professional, and additionally reported that staff and residents overwhelmingly felt safe at ACJDC. Residents completed PREA training and refreshers, and the practice and culture of safety and knowledge was deeply ingrained in this facility.

After the onsite visit, this auditor added all information gathered-including reviewing the Pre-Audit Questionnaire, supporting documents, observations from the tour, information derived from interviews, and evaluation of paperwork, practice, and culture-and developed the PREA audit interim report.

The Interim Report was provided to the agency, where, each standard was rated and an explanation of the rationale for each rating was included. The Audit Interim report included a summary of the number of standards that were met, not met, exempt, or not applicable, recommendations for achieving compliance with each standard were provided for use in developing a Corrective Action Plan (CAP.)

A collaborative, corrective action plan was developed, between this auditor and ACJCS Detention Center worked to complete the needed corrective action plan.

ACJDC quickly completed their corrective action plan, and additional telephone interviews, with Ada County investigators and the PREA Coordinator, were conducted on October 17.

A final report was completed on October 24, 2017 and sent to ACJCS and ACJDC, determining full PREA compliance and recognizing the outstanding work Ada County performs, as they ensure their residents and staff are safe from sexual abuse and sexual harassment.

This PREA compliance assertion, completes the PREA standard requirements, for the second audit cycle-covering August 2016 to August 2019.

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 Ada County Juvenile Detention Center (ACJDC) is a 71-bed secure juvenile detention facility located in a mixed neighborhood of residences and business in Boise, Idaho. It is attached to the Ada County Juvenile Court building, which houses other agency functions including Court, Probation Services, Programs Division, and Administration.

The facility is about 20 years old and has been very well maintained, is in excellent condition and was very clean. The facility has five separate pods but only three are currently in use. The facility has participated in the Annie E. Casey Juvenile Detention Alternatives Initiative (JDAI) and the average population has decreased because of those efforts.

The number of residents reported during the 12 months prior to the audit ranged from 25 to 50. The facility has a school area, day-room, multi-purpose rooms, a half-court gymnasium, full kitchen, control room, five observation rooms, three small outdoor recreation areas, a garden, and necessary support areas. All sleeping rooms are individual with no rooms assigned to more than one resident. Each of the pods has a separate room for the one individual shower so all showers are conducted separately.

The facility is a predominately a short-term detention facility and has an average stay of less than was 10 days, there are 44 full-time, 27-part time and on-call staff members who work directly with youth. In addition, there are medical staff and kitchen staff. The facility contracts for some medical, dental and mental health services. The schoolteachers are employed by the Boise School District. The agency uses volunteers and interns for a variety of services.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of standards exceeded:	6
Number of standards met:	37
Number of standards not met:	0

Ada County Juvenile Court Services (ACJCS) is distinguished by forward movement and determination to maintain and surpass PREA compliance for their agency and detention facility. Ada County Juvenile Detention Center (ACJDC) management, staff, and Parent agency (ACJCS), continue to exhibit the highest standards of ongoing, sustaining, and high-quality PREA work and compliance, safeguarding staff and residents from sexual abuse and sexual harassment.

Dedicated work of the PREA Coordinator/Training Manager Ken Jenkins, tireless work of the Detention Assistant Manager/PREA Compliance Manager/trainer Richard Maher, oversight and commitment by Detention Manager Terry Shaffer, Coordination by PREA team member Arielle Belveal, . Ada County Detention Staff, and ACJCS solid support, including Juvenile court Services Director Dawn Burns, produced compliance with the very rigorous and detailed National PREA standards, after a short corrective action period.

The PREA interim report found Ada County Juvenile Detention Center (ACJDC) compliant in all but three standards, 115.334, 115.371, and 115.373. All standards listed were in the investigative area. The prior PREA audit, completed in the first three-year audit cycle, did not include any investigations/allegations to evaluate; however, with the increased knowledge and progression of Ada County, in diligence to stay PREA compliant, this auditor was able to audit that process. During the corrective action period, Ada County brought the investigative process into PREA compliance.

The following are actions ACJDC completed, during the corrective action period:

*Developed and implemented a new investigative policy, covering administrative investigations, referral to law enforcement, and required notifications and documentation.

*Ensured that an investigation, following all required elements, is completed on any PREA sexual abuse and sexual harassment allegation; and, a police investigation, if conducted, is included in the investigation report

*Updated investigators training, completing initial and advanced investigative training.

*Developed investigation forms, that include all required documentation categories listed in the PREA standards.

*Developed resident notification forms, and retaliation tracking, that include documentation of checks required by this standard

*Continued to work towards a Memorandum of Understanding, with law enforcement; however, communicated the expectation that law enforcement would follow the National PREA standards in their investigations.

After reviewing all the work accomplished by ACJDC, in the corrective action period, and additional telephone interviews to assess knowledge and practice, the Ada County Juvenile Detention Center is deemed, by this auditor, to be substantially compliant with all the National PREA Standards.

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.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Standard 115.311 is exceeded by Ada County.</p> <p>Ada County has a PREA Coordinator who reports directly to the Juvenile Court Services Director—as referenced by the organizational chart. In addition, Ada County is not required to have a PREA Compliance Manager, and they go above and beyond the standards by assigning one to detention that works with the PREA Coordinator. Interviews with the PREA Coordinator, PREA Compliance Manager, and Director, as well as review of policy, practice, and culture, confirms that Ada County works, on a constant basis to ensure this facility exceeds the standard requirements for this standard.</p> <p>Included is a standard sub part broken down to establish compliance:</p> <p>a1--Page 1 of the Agency PREA policy states the agency has a zero-tolerance policy</p> <p>a2--Page 4-7 outlines how the facility will implement the agency's approach and is compliant</p> <p>a3--page 1 and 2 of the agency PREA policy has the required definitions that comply with this standard</p> <p>a4--page 6 has all required sanctions for compliance</p> <p>a5--agency PREA policy #4-6, page 1-7 complies with the requirements: description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p>B1-Page 2 of the PREA policy requires the agency to have a PREA Coordinator</p> <p>B2--Questionnaire was answered yes to having sufficient time and authority. and interviews, with PREA Coordinator and PREA compliance Manger confirm this.</p> <p>b3--The PREA Coordinator reports directly to the director and meets the requirements of this standard</p> <p>c1-The agency has only one facility and is not required to have a PREA Compliance Manager, although one is assigned.</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	n/A Ada County does not contract for the confinement of residents

115.313	Supervision and monitoring
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>A1--PREA policy chapter 4-6.9, (page 3), complies with the policy requirement of this standard A2 and a3—cover average daily number of residents since last audit—36; and average daily number of residents the staff plan is based on--56 Included in review and documentation is documentation of meeting required ratios 1:8 and 1:16—for the last year, on all shifts. B- Facility maintains no deviations from staffing plan occurred and they held staff over until another staff could arrive. C1—PREA policy, page 3 (chapter 4-6.8), Policy requires staffing ratios of 1/8 and 1/16. PREA Questionnaire states there have been 0 deviations in the last 12 months C2—N/A until October 2017, although staffing plan covers 1/8 and has no deviations allowed C3— N/A until October 2017, although the staffing plan covers 1:16 and has no deviations allowed C4—Facility maintains 0 deviations of 1/8 C5—facility maintains 0 deviations of 1/16 D1—staffing plan included in documentation of this audit—including 2013-2016 reviews. Documentation meets the requirements of this standard E1—policy, 4-6.8, requires unannounced rounds conducted by intermediate or higher-level staff. Included in the audit documentation are unannounced round documentation sheets, and logs that show date and time PREA checks done. These include samples from all shifts, for the last year. E2—included are unannounced round sheets and logs documenting the occurrence, date, and time. E3—the included documentation covered all shifts E4—PREA policy, 4-6.8, page 3, prohibits staff from alerting other staff that unannounced rounds are occurring</p> <p>Spreadsheet showing PREA unannounced rounds done in the last 12 months. —time and date are included in the documentation of this standard and compliant (last 12 months) Interview with the Superintendent confirm all elements were taken into consideration, for their staffing plan, and a review updated the staffing plan. a previous audit confirmed compliance, as well as this one. Interviews with the PREA Compliance Manager, as well as the PREA</p> <p>Coordinator confirm their assistance in completing the staffing plan and review. Staffing plans have been completed and reviewed yearly since 2013.</p>

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>A1—Policy 8-5.7, page 2—Only a detention officer of the same sex will conduct visual strip searches</p> <p>A2—no cross-gender strip searches conducted in the last 12 months. Facility does not allow this</p> <p>A3—facility does not allow a staff of the opposite sex to search youth</p> <p>B1—The facility does not permit cross gender pat down searches by a cross-gender staff. (PREA policy 8-5.8, page 1 and 2)</p> <p>B2—0 cross-gender searches in last 12 months</p> <p>B3—0 cross gender pat down searches in the last 12 months</p> <p>C1—facility does not allow cross gender searches—period</p> <p>D1--PREA policy, chapter 8-6.1d; 8-6.2c, complies with this standard—page 1</p> <p>D2—chapter 8-6.1c, page 1, complies with this standard</p> <p>E1—PREA policy 8-5.8, page 3, complies with this standard</p> <p>E2—no searches permitted or occurred</p> <p>F1—100% of staff are trained on never conducting cross gender searches of any kind and on transgender searches. Training is included along with the class log of all staff completing and understanding the training.</p> <p>Interviews confirm training, understanding, and ingrained practice, as well as into culture of the facility. this standard is exceeded in documentation, practice, ongoing refresher training, and knowledge and practice of staff.</p>

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews with random staff and specialty staff confirmed that residents who have any disabilities or limited English speaking, receive accommodations they need to understand and access all PREA information and services. The following documents compliance:</p> <p>A1-Page 1.3 of Policy 1-3 chapter 1—complies with the policy requirements to provide residents with disabilities or English deficient, equal opportunity to participate in or benefit from all aspects of the agency’s PREA efforts. –including interpreters, written materials and reading materials to residents.</p> <p>B1-Policy 1-3.3 complies with the requirement regarding limited English Proficiency residents and is included in this audit documentation are materials in Spanish, and policy requiring accessing interpreters.</p> <p>C1—page 1 of Policy 1-3.3b complies with the requirements of this standard—prohibiting the use of resident interpreters, except in cases of safety.</p> <p>C2—Policy included in this audit requires documentation of the use of resident interpreters, in limited circumstances, in the well-being log.</p> <p>C3—no instances of the use of resident interpreters have occurred in the last 12 months</p>

115.317	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>A1—Policy 4-6.7 and 1-5.1; page 2; complies with the requirements of this standard regarding hiring, promoting or contractors.</p> <p>B1-Policy 4-6.7 and 15-5.1; page 2. Requires the agency to consider any incidents of sexual harassment tin determining whether to hire or promote and to enlist the services of a contractor.</p> <p>C1-PREA policies 4-6.7, page 1, and 15-5.1, page 1-3; included in this audit for documentation. Page 2i includes best efforts to contact all prior institutional employers</p> <p>C2—Only 1 staff hired in the last 12 months and the agency reports they received all required background and child abuse checks Included in audit documentation is an offer of employment of that employee that includes all required checks—criminal history, child abuse registry, and PREA disclosure form,</p> <p>D1-Policy 4-6.7 and 15 5.1: Policy complies with requirements of this standard and requires criminal background records check and child abuse registries check before enlisting services of any contractor. Included in documentation is a spreadsheet showing all employee and all contractors--date of criminal record check, date of child abuse registry check and samples of employee and contractor criminal records results and child abuse registry check results</p> <p>D2—no contractors enlisted in the last 12 months. Included in documentation is a spreadsheet showing all employee and all contractors--date of criminal record check, date of child abuse registry check and samples of employee and contractor criminal records results and child abuse registry check results</p> <p>E1—Policy 4-6.7, page 2; and 15 5.1, page 3; comply with the requirements of this standard that background checks be conducted every 5 years for employees and contractors Included in documentation is a spreadsheet showing all employee and all contractors--date of criminal record check, date of child abuse registry check and samples of employee and contractor criminal records results and child abuse registry check results</p> <p>f--Policy 15.5, page 1-1f—complies with this standard in asking applicants and employees about previous misconduct and imposing a continuing affirmative duty to disclose such conduct</p> <p>g-PREA policy 4-6.7 and 15-5.1 complies with this standard regarding material omissions.</p> <p>h-Page 4 of policy 4-6.7 complies with this standard requiring the agency to provide information on substantiated allegations of sexual abuse or sexual harassment upon receiving such a request from an institutional employer</p> <p>Included in documentation is a spreadsheet showing all employee and all contractors--date of criminal record check, date of child abuse registry check and samples of employee and contractor criminal records results and child abuse registry check results. Also, any promotion dates and checks done.</p>

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A1—The facility has not acquired a new facility or made substantial expansion to existing facilities since 8/20/2012</p> <p>B1-- b1--the agency has not updated video monitoring system or other monitoring technology since 8/20/2012</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A1—the facility dose not conduct criminal investigations</p> <p>A3—The Ada County Sheriff’s Office is the official agency to conduct Criminal Investigations.</p> <p>A4—agency does not conduct a criminal investigation</p> <p>A2—agency does not conduct criminal sexual abuse investigations</p> <p>b1--The agency does not conduct criminal investigations</p> <p>b2--agency does not conduct criminal investigations</p> <p>C1—chapter 4-6.16 of PREA policy, page 4-5, complies with this standard and transports youth to St. Alphonsus Hospital for a SAFE exam</p> <p>C2- the facility does not conduct forensic exams on site, but transports to St Alphonsus Hospital.</p> <p>C3—The facility transports youth to ST Alphonsus Hospital</p> <p>C4—Policy 4-6.16, page 5 r, complies with the requirements that forensic exams are offered without cost.</p> <p>C5—(n) page 4 of the PREA Policy—exams are conducted by SAFEs or SANEs</p> <p>C6—Policy requires use of SAFE or SANE—ST Alphonsus said they would always use the qualified SAFE or SANE to conduct these exams--through an telephone interview to confirm.</p> <p>C7—always uses SAFEs or SANES—per St Alphonsus hospital</p> <p>C8—0 forensic exams conducted in the last 12 months</p> <p>C9—0 SAFE or SANE needed in the last 12 months</p> <p>C10—0 exams needed in the last 12 months</p> <p>d—page 5 of the PREA policy 4-6.16q—complies with this standard requirement that a victim advocate from a rape crisis center would be made available to the victim. A MOU is in place with WCA (Women’s and Children’s alliance) since 2013; however, it appears this MOU is no longer in place due to budget cuts and there is no documentation of another provider in place to provide these services. Until that time, a qualified staff member will provide this service.</p> <p>d2—Efforts are documented to find a provider to provide advocacy services</p> <p>D3—staff qualifications are provided as licensed counselor, masters in social work, licensed clinical social worker, licensed clinical professional counselor,</p> <p>PREA policy chapter 4-6.16—the advocate is not listed; however the agency is documenting efforts to replace the advocate service they had with a new one—this is not in place yet. At present, it appears that a qualified mental health professional would provide advocacy services.</p> <p>f—f—Included in documentation is a letter requesting law enforcement follow PREA standards when completing criminal investigations,</p> <p>there is documentation that they are working towards a MOU.</p> <p>115.321 a-e—Included in this audit is a communication requesting law enforcement follow the PREA investigative standard, and a MOU will be completed at a later date.</p> <p>h—staff qualifications and training documentation include sexual assault and forensic examination issues and specialty training certificates, NIC approved specialized training for mental health and medical professionals/personnel and certificates are included in this audit documentation.</p>

PREA compliance Manager interview confirmed that they have had a provider since 2013 that provides advocate services to residents. due to budget cuts, this provider has discontinued services and the agency is searching for another provider. Until they can find that provider, they are providing a trained staff/counselor to any youth who requests this service. Additionally, law enforcement and the designated hospital will call an advocate to serve the resident if needed or requested.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>A1—chapter 4-6—policy statement, page 4 16g—states law enforcement will conduct all investigations of sexual abuse.</p> <p>A2—1 allegation of sexual abuse has been received. The law enforcement investigative report is included in documentation of this audit.</p> <p>A3—1 administrative investigation conducted in the last 12 months</p> <p>A4—1 allegation received and referred to law enforcement—included in documentation</p> <p>A5—all investigations completed;</p> <p>B1--Policy 4-6.16, page 4 –The facility refers allegations to the Ada County Sheriff's Department for investigation</p> <p>B2—policy is posted on website at; https://adacounty.id.gov/Portals/0/JVCT/Doc/PREA.pdf</p> <p>B3—Included in this audit were documentations of referrals of an allegation to law enforcement; and investigation report</p> <p>c--https://adacounty.id.gov/Portals/0/JVCT/Doc/PREA.pdf complies with this requirement</p> <p>Interview with the Detention Manager and PREA Compliance Manager, and review of investigations confirm referral to law enforcement and completed investigations included in this audit.</p> <p>Ada county does not conduct sexual abuse allegations, only non criminal sexual harassment and staff misconduct allegations.</p>

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A1—PREA Policy chapter 4-6.10, page 3, requires employees to be trained on zero tolerance for sexual abuse and harassment. Policy is included in documentation for this audit.</p> <p>A2, 3, 4, 5, 6, 7, 8, 9, 10, 11, —PREA training curriculum is included in documentation of this audit and covers all required areas. Staff training logs are included from 2014 to present and show training yearly</p> <p>B1—both males and females are in this facility. There is training listed that is gender specific</p> <p>B2—facility has males and females and there is gender specific training included in curriculum provided, as well as staff training logs an understanding.</p> <p>Policy 4-6.10</p> <p>C2—training is required every two years, with refresher training in between. This facility provides training every year.</p> <p>C3—yearly refresher trainings are conducted, curriculum included</p> <p>Policy chapter 4-6,10</p> <p>D1--PREA policy chapter 4-6.10 page 3, There are no statements of understanding or tests showing understanding uploaded in documentation</p> <p>Interviews with random staff, to a person, confirmed training and understanding of all required areas of training, practice and understanding. The PREA understanding and practice verbalized by staff exceeded the requirements and is well ingrained into the culture here at Ada County Detention.</p>

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A1-Policy 4-6.11, page 3, complies with the policy requirements of this standard. The curriculum that is taught is included in the documentation of this standard.</p> <p>A2—there have been 11 volunteers and contractors who have been trained. Signed statements of acknowledgement and understanding of training for all volunteers/contractors is included in the documentation of this standard.</p> <p>B1—Training curriculum and statements of acknowledgement are included with this audit and comply with this requirement</p> <p>B2—all statements of acknowledgement are included in the documentation</p> <p>C1—Documentation included (training records) comply with this standard.</p>

115.333	Resident education
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>A1—PREA Policy 4-6.12 Policy, page 4, is compliant with this standard-- requiring residents to receive info about zero tolerance and reporting.</p> <p>A2—877 residents were admitted in the past 12 months and facility states all have completed the intake training. The youth curriculum is included and compliant.</p> <p>A3—curriculum and handbook is included and is age appropriate Reviewed curriculum and handbook and both are age appropriate. Staff read the information to those who have a hard time understanding or are limited English--or use and interpreter or materials in that language. Need to upload youth understanding statement, or test results to demonstrate understanding of initial intake information I need 10 from the last 12 months and a spread sheet showing all youth admitted during the last 12 months, date of initial intake training, date of comprehensive training (within 10 days of initial intake information), and 10 statements of understanding from youth—for the comprehensive training.</p> <p>B1—259 residents, admitted in the last 12 months had comprehensive age appropriate education Need 333b--Spreadsheet showing youth received comprehensive PREA education within 10 days of arrival. List when intake occurred and when comprehensive training occurred. Include one month of Using signature forms signifying understanding of comprehensive training</p> <p>C1—all residents educated—passed first audit and continued to educate every youth C2—see above CS—see above</p> <p>C4—Policy 406.12, page 4—all residents receive this training—this is the only facility D1—Policy 1-3.3 (included) page 3, interpreters, materials in Spanish D2-- Policy 1-3.3 (included) page 3, written materials for deaf, Spanish materials, read materials to resident, other interpreters, if needed D3—visually impaired—read materials to youth Policy 1-3.3 (included) page 3 D4—otherwise disabled-- Policy 1-3.3 (included) page 3 D5-- Policy 1-3.3 (included) page 3, read and ensure youth understanding E1—class rosters and information added to youth files Documentation for 333a will provide documentation needed F1—posters throughout the facility—resident handbook is part of documentation included poster pictures are part of the documentation of this audit</p> <p>Intake staff interviews confirm that youth receive initial PREA information at intake and comprehensive PREA training within 10 days Interviews with random residents confirm this training and their understanding was comprehensive and exceeds the minimum standard requirements. Both staff and residents were to articulate multiple ways to report, PREA definitions, zero tolerance, reporting even suspicions of sexual abuse, complete understanding of training received, and comfort reporting and safety at this facility.</p>

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A1—chapter 15-1.11 PREA Policy, page 2, --Uploaded are a training Certificate from the Moss Group for specialized Investigations training, agenda and topics covered for training (3 day) , investigators basic investigative training (NIC online course) and advanced investigators training. (NIC) .</p> <p>Detention Investigator certificates of completion and understanding are uploaded to this audit; and, during corrective action, the HR staff administrative PREA investigator completed NIC investigator and advanced investigator training. Those certificates are a part of this standard audit documentation and telephone interviews, on October 16, 2017, confirmed understanding and practice of investigator training, process, policy, and forms. (HR investigator, facility investigator and Director interviews.)</p> <p>C1—Documentation of training is included in uploaded information in this audit.</p> <p>C2—2 investigators are trained and have documentation of this. They have completed investigators training through NIC and their certificates are in this audit documentation. Interviews confirmed investigator training, understanding, and how it will be put in practice.</p> <p>During corrective Action:</p> <ol style="list-style-type: none"> 1. ACJCS Human Resource PREA investigator completed the NIC basic and advanced investigators training and facility investigator completed the training on interviewing juveniles in confinement (August). Certificates are uploaded to this standard, under corrective action. Telephone interviews confirmed HR and facility investigators understanding of policy, forms, process, and practice. 2. New investigation forms were developed and implemented, including: youth interview form, youth notification form, and investigation form.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A1-PREA Policy chapter 4-6.10—states medical and mental health are required to receive the same training as employees. Reviewed curriculum and logs--all required elements are addressed</p> <p>A2—There are 14 medical and mental health care practitioners who have received training—documentation rosters included and curriculum is included in this audit</p> <p>A3-This facility reports 100% of mental health and medical practitioners have completed the training</p> <p>No forensic exams conducted in this facility</p> <p>C1—All training rosters uploaded to this audit and comply with documentation required. Training reviewed and logs reviewed--complies with requirements</p> <p>Interviews confirm NIC specialized training, PREA employee training, and understanding of all required aspects of understanding of PREA, required actions, reporting, zero tolerance, definitions, services (advocate, immediate medical attention, follow-up services,), mandatory reporting laws, confidentiality, advocate needs and qualifications. Practice was confirmed through interviews, tour, and observations, as well as record reviews.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A1—PREA Policy chapter 2-1.10 and 2-1.14, page 2 and 3: Policy is a part of this audit documentation and contains the requirement that residents receive a risk assessment for sexual victimization and/or sexually aggressive behavior.</p> <p>A2—Residents are screened before they are placed in housing—immediately and at intake. Policy does not state: within 72 hours of intake.</p> <p>A3—100% of residents have been screened—facility paperwork answer</p> <p>A4—risk assessment is included in this documentation, as well as the medical and psychiatric history and physical paperwork. County receiving/screening paperwork; Included in this audit are samples of risk assessments for the last 12 months</p> <p>B1- Risk assessment is included in audit documentation. Additionally, included is the additional information gathered at intake. Tool complies with this standard</p> <p>C1—all required information categories are included in the risk assessment Included in documentation of this audit is an additional screening form. Page 2 of the PREA policy, 2-1.9 and 10, lists all information gathered at screening and complies with this standard</p> <p>d-Included in documentation of this audit is an additional screening form. Page 2, and 3, of the PREA policy 2-1.9 and 10,13, lists all information gathered at screening and complies with this standard</p> <p>e-PREA policy 2-1.10i complies with the requirement of appropriate controls on the dissemination of sensitive information—strictly enforces</p> <p>Interviews with screening staff confirm knowledge of screening instrument and the use of it at intake. All requirements are included on the screening instrument and samples are uploaded to this audit. Interviews with the PC and PCM, as well as screening staff and mental health staff confirm all information on the completed screening instrument is confidential and only shared on a need to know basis for placement decisions.</p>

115.342	Placement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>A1-PREA Policy 7-2.3, page 1 and 2, is very specific about how placement is assessed and includes the risk assessment—along with other safety information that assists in making placement and complies with this standard Need to see documentation of risk based housing decisions with youth that have been designated high risk to offend or be offended.</p> <p>B1-PREA policy 7-9.2, page 1, complies with the requirements of this standard. Policy is included in documentation of this standard.</p> <p>B2—PREA Policy 7-9.3, page 1, covers all required access—education, exercise and more than this standard required. -exceeds</p> <p>B3—zero residents have been confined due to risk of sexual victimization in the last 12 months</p> <p>B4—Zero residents denied exercise or education Zero amount of time residents held in isolation</p> <p>On site, review records of residents held in isolation for the last 12 months (reasons)</p> <p>C1—PREA Policy 7-2.4, page 1 and 2, complies with prohibiting LGBTI resident’s placement, in particular housing, based solely on identification or status</p> <p>C2-- PREA Policy 7-2.4, page 1 and 2, complies with this standard—considering LGBTI residents identification or status as indicator of being sexually abusive</p> <p>Interview with the PREA Coordinator confirmed that the policy that complies with this standard is a part of practice and culture. No LGBTI youth will be placed in housing based on identification of status, and status as LGBTI will never be considered an indicator as likelihood of being sexually abusive.</p> <p>D1—PREA policy 7-2.4a, page 1, complies with this standard requirement that housing and program assignments for transgender or intersex residents are made on a case-by-case basis.</p> <p>Interview with the PREA Compliance Manager and PREA Coordinator confirm that any assignments, program or placement, for LGBTI youth, will be done on a case by case basis with input from the youth.</p> <p>E1-PREA Policy 7.2.4c page 2, complies with the requirement of twice a year review of any transgender or intersex resident, to ensure safety.</p> <p>Interview with the PCM and Specialty staff confirm that any transgender or intersex youth would be reassessed at least twice a year (usually youth are not in detention that long), for threats to safety, and youth's assessment of safety.</p> <p>F1-PREA Policy 7.2.4b page 2, complies with the requirement that a transgender or intersex resident’s view on his or her own safety is given serious consideration in housing and programming assignments</p>

G1-all residents shower separately—individual showers—complies with this standard
H1-PREA Policy 7-9.6 page 2 -a written incident report is required to document this
i1-PREA Policy 7-9.5—Policy exceeds the 30-day requirement and reviews weekly

Interview with Detention Manager confirm that every resident receives a risk assessment and that assessment is used, with other information gathered, to make placement decisions. No residents held in isolation for risk of sexual victimization in the last 12 months. Interview confirms that each resident has individual rooms and isolation is not used for this purpose.

Interviews with medical and mental health practitioners confirm that residents who allege sexual abuse will have daily check-ins and receive follow-up services.

115.351	Resident reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>put on corrective action plan--completed June 27; however after site visit.</p> <p>A1-PREA Policy 4-6.14, page 4, complies with multiple ways youth can report. And the handbook also states the ways to report</p> <p>B1-PREA Policy 4-6.14 -- letter d says “reserved for outside agency PREA reporting phone line because WAC was your outside reporting source and has cancelled the MOU Need outside reporting source</p> <p>B2-PREA Policy 1-3.4: complies with this standard by ensuring relevant consular officials contact information is given to residents</p> <p>PREA policy 4-6.14 complies with the requirement that staff accept all reports of sexual abuse and harassment—in writing, anonymously ad from third parties</p> <p>Interview with PC confirmed that a new MOU was completed with WAC to continue as their outside reporting service, as well as advocate services.</p> <p>Residents know they can use the phone to call outside reporting and advocate</p> <p>C2—staff are required to fill out an incident report reporting verbal reports by the end of the shift</p> <p>PREA policy 4-6.14—provides sources, means to report—written, verbal, anonymously, and tools necessary to do so</p> <p>PREA policy 4-6.13—PREA phone number is provided for staff reports. I called the phone number provided and found that it does reach a hotline and a report can be made using this method.</p> <p>Random staff interviewed had a clear understanding or their requirement to take verbal reports of sexual abuse and harassment, and report before the end of their shift. In addition, take third party reports, including anonymously. Mandatory reporting was understood by all staff and a high understanding of reporting any suspicions of sexual abuse or harassment</p> <p>Interview with the PC confirmed residents know how to report and have all tools necessary, phone use, grievance form, access to staff, outside reporting source.</p> <p>Interviews with random staff, without exception, confirmed they know how to report allegations, suspicions, anonymous reports, or third party reports. (supervisor, incident report, agency form.</p>

115.352	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>A1-PREA Policy 4-5, Resident Grievances, page 1 and 2; complies with the requirement for an administrative procedure for dealing with resident grievances regarding sexual abuse</p> <p>B1-PREA Policy 4-5.6, page 1-2; agency policy allows a resident to submit a sexual abuse grievance at any time—regardless of when the incident is alleged to have occurred</p> <p>B2—agency policy does not require a resident to use an informal process or attempt to resolve with staff—on an incident of sexual abuse.</p> <p>C1— PREA policy 4-5.1—page 1; the agency has a policy of the detention manager or adds. Detention manager picks up grievances, accompanied by a shift supervisor, to ensure the resident does not have to report to the staff alleged to be the subject of the complaint.</p> <p>C2- PREA policy 4-5.1 and 6: Agency policy states that the grievance is picked up by detention Manager or Assistant Detention Manager, with a shift supervisor accompanying them.</p> <p>- If it is about the Detention manager or Assistant Manager, the accompanying shift supervisor shall take control of the grievance and deliver it to the Director of ACJCS—this complies with this standard</p> <p>D1-- PREA policy 4-5.6b, page 1: requires a decision on the grievance within 90 days of filing</p> <p>D2—0 grievances alleging sexual abuse filed</p> <p>D3—0 filed</p> <p>D4—0filed</p> <p>D5—no extensions</p> <p>D6—N/a</p> <p>D7—PREA policy 4-5.6c, page 2; stipulates that the agency must notify the resident of the filing for an extension and date decision will be made—in writing</p> <p>E1- PREA policy 4-5.6d, page 2; allows third parties to file a grievance on behalf of the resident.</p> <p>E2—PREA Policy 4-5.1a—complies with the requirement to allow residents to decline third party assistance in filing a grievance</p> <p>E3-- PREA Policy 4-5; agency policy does allow parents/guardians to file a grievance and followthrough, even if the resident does not approve</p> <p>E4—0 grievances filed in last 12 months that were sexual abuse</p> <p>f1-PREA Policy 4-5.1 and 6: page 1, complies with an emergency grievance policy.</p> <p>F2-PREA Policy 4-5.7 complies with this standard with immediate action and exceeds the requirement</p> <p>F3—0 emergency grievances in the last 12 months</p> <p>F4—0 responses needed</p> <p>F5—PREA Policy 4-5.7b—complies in policy</p> <p>F6- 0 grievances alleging imminent risk for sexual abuse</p> <p>G1—PREA Policy 4-5e page 2, complies by only allowing a resident to be disciplined if filing a sexual abuse grievance in bad faith.</p> <p>G2—0 grievances filed alleging sexual abuse that resulted in discipline bo filing a grievance in bad faith</p>

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A1—PREA policy 4-6.16, page 4—currently there is an outside victim advocate service--AAFV and a MOU in place</p> <p>A2—Resident Handbook, page 8—dial 9 then 0, on resident phone to call advocate service</p> <p>A3—PREA Policy1-3.4f, page 2; complies with this standard by providing phone numbers to their country’s consulate</p> <p>A4—PREA policy 1-3.4 and resident handbook—phone privileges, page 6; complies with the requirements of this standards—ensuring reasonably confidential communication with agencies.</p> <p>B1—PREA Policy Chapter 4-6.16 is the listed reference; The handbook did refer to dialing 9 and 0 to make a call that is not recorded—to an advocate.</p> <p>B2—Residents confirmed they know the outside reporting source and advocate service is confidential.</p> <p>C1—Included in documentation is a MOU with AAFV to provide residents with outside counseling services</p> <p>C2—a copy of the agreement with AAFV is included in the documentation of this audit and is compliant</p> <p>C3—N/A</p> <p>C4—N/A</p> <p>D1—PREA policy 13-1.3 complies with the requirement of providing residents with reasonable and confidential access to their attorneys or other legal representation</p> <p>D2—Resident handbook, page 6, lists visitation and phone privileges to ensure access to parents/guardians</p>

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A1—PREA Policy 4-6.13, page4, provides a PREA phone number 1-208-577-4808, to make third party reports. This auditor called the number and found it to be working and in operation.</p> <p>A2—The PREA number is on the agency website</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A1—PREA policy 4-6.2, page 2; requires all staff, including contractors and volunteers, to report immediately, according to the requirements of this standard</p> <p>A2—PREA policy 4-6.2, page 2; requires all staff, including volunteers and contractors, to report retaliation according to the requirements of this standard</p> <p>A3—The policy reference covered the requirement that staff report staff neglect or violation that contributed to an incident or retaliation</p> <p>Interviews with staff confirmed the knowledge that they are required and would immediately report any staff neglect and violation that contributes to retaliation.</p> <p>B1—The policy reference did not cover the requirement that staff report staff neglect or violation that contributed to an incident or retaliation</p> <p>Interviews with random staff, without exception, confirm that they understand they will keep confidential any information about sexual abuse allegations/investigations.</p> <p>C1—PREA policy 4-6.4, page 2, complies with the requirement prohibiting staff from revealing any information related to a sexual abuse allegation—according to this standard</p> <p>D1—PREA policy 2-1.17, page 3, complies with the requirement to inform residents of their duty to report and limitations of confidentiality, however, the referenced policy does not require them to report as required by mandatory reporting laws.</p> <p>Interviews with mental health and medical staff clearly confirmed that they inform the resident of their duty to report any abuse and the limits of confidentiality that pertain to reports of sexual abuse.</p> <p>Chapter 4-6.16, page 4, complies with this standard’s notice requirements</p> <p>Chapter 4-6.16f, h, i, page 4 complies with the reporting requirements of this standard, law enforcement, human resources, detention manager/asst manager—to investigate.</p>

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A1—PREA policy 4-6.16, page 4 complies with the requirements to take immediate action if a resident is in substantial risk of sexual abuse, (ensure victim safe and separate; contact supervisor; counselor, retaliation monitoring,)</p> <p>A2—0 times in the last 12 months that facility determined a resident was subject to a substantial risk for imminent sexual abuse</p> <p>A3—N/A</p> <p>A4—N/A</p> <p>Interviews with random staff, without exception, confirmed their knowledge of actions needed to be taken if a resident is in risk of imminent sexual abuse. They were all clear that they would ensure protection of the resident by placement changes, heightened supervision, reporting and any other monitoring or actions that would ensure protection for the resident</p> <p>Interviews with random staff, without exception, confirmed their knowledge of actions needed to be taken if a resident is in risk of imminent sexual abuse. They were all clear that they would ensure protection of the resident by placement changes, heightened supervision, reporting and any other monitoring or actions that would ensure protection for the resident</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A1-PREA policy 4-6.19, page 6, Complies with this standards requirement to notify the head of another facility or agency, when receiving an allegation of sexual abuse at that facility—within 72 hours.</p> <p>A2- PREA policy 4-6.19, page 6 complies with the requirement that the head of the facility notify the appropriate investigative agency in the case of A1.</p> <p>A3--0 allegations received that allegedly occurred at another facility</p> <p>A4—N/A—0 received</p> <p>B1-Policy 4-6.19 complies with this requirement of notifying the facility head within 72 hours of receiving the allegation—happening at another facility. Documentation included in this audit confirms this was followed when such an allegation occurred.</p> <p>C1—Policy 4-6.19 complies with this requirement of documenting allegations made about another facility and notification of that agency or facility within 72 hours. Included is documentation of such notification occurring when such an allegation was received two years ago</p> <p>D1—D1—PREA policy 4-6.20a, page 6, cover the requirements to investigate any allegation received from another facility</p> <p>D2—an allegation received was reported according to PREA policy</p> <p>Documentation is included for an allegation received in 2015, that happened at another facility.</p> <p>Documentation is included of notification of that facility and appropriate protective agencies-- according to PREA standards and within time frames required</p>

115.364	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>A1—PREA policy 4-6.16, page 4, complies with first responder requirements of this standard A2-- PREA policy 4-6.16a requires the separation of alleged victim and abuser A3-- PREA policy 4-6.16b requires the first responder to preserve and protect crime scene A4-- PREA policy 4-6.16b and in chapter six of the PREA manual, requires the first responder to request the alleged victim not take any actions that could destroy physical evidence A5-- PREA policy 4-6.16b and in chapter six of the PREA manual, requires the first responder to request the alleged abuser not take any actions that could destroy physical evidence A6—1 allegation of sexual abuse was received in the last 12 months A7-0 times did staff need to separate victim and abuser A8—0 allegations where physical evidence could be collected A9—0 allegations where first responder had to secure the scene A10—0 allegations where first responder needed to preserve and protect scene and request alleged victim not take actions to destroy evidence A11-0 allegations, in the last 12 months where first responder needed to preserve and protect scene and request alleged abuser not take actions to destroy evidence Interviews with random and specialty staff confirm that all staff interviewed could tell this auditor the steps they will take to ensure youth are separated, reports are made, the scene is secured, evidence is secured by not allowing residents to shower, go to the bathroom, brush teeth or change clothing</p> <p>B1—PREA policy 4-6.16b. page 4 and chapter 6-2.1. comply with this standard requiring all staff responders to request alleged victim not take any actions that would destroy evidence B2-- PREA policy 4-6.16c complies with the requirements to notify appropriate security staff. B3—1 allegation of sexual abuse reported in the last 12 months B4—0 times the staff needed to request of victim not to take actions that could destroy physical evidence B5—1 time did first responding staff, notify security staff</p> <p>Interviews with random and specialty staff confirm that all staff interviewed could tell this auditor the steps they will take to ensure youth are separated, reports are made, the scene is secured, evidence is secured by not allowing residents to shower, go to the bathroom, brush teeth or change clothing</p>

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA policy 4-6.15, page 4, requires a written institutional plan to coordinate actions in response to an incident of sexual abuse. Included in the documentation of this standard is the Response plan and it complies with this standard's requirements.</p> <p>Interviews with the Detention Manager and PCM confirm the institutional plan is in place and staff are trained, understand, and are prepared to follow the requirements.</p> <p>Interviews with both random staff and specialty staff confirm knowledge of steps to be taken in the case of a sexual abuse incident.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	A1—non union—N/A

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A1—PREA policy 4-6.16u, page 5, complies with this standard’s requirement to protect residents and staff who report sexual abuse or sexual harassment or cooperate with the investigations of such.</p> <p>A2-- PREA policy 4-6.16w, page 5, designates the Detention Manager or designee to track retaliation</p> <p>B1-- PREA policy 4-6.16u. page 5, complies with this standard requirement to employ multiple protection measures</p> <p>C4-- B1-- PREA policy 4-6.16wiii. page 5, complies with this standard requiring monitoring beyond 90 days if needed</p> <p>C2-- B1-- PREA policy 4-6.16wiii, page 5, extends the monitoring requirement to include as long as there is a continuing need</p> <p>C3-- B1-- PREA policy 4-6.16w page 5, complies with this standard—ensuring the agency acts promptly to remedy any such retaliation</p> <p>C1-- B1-- PREA policy 4-6.16w. page 5, complies with this standard—monitors conduct or treatment of residents or staff who reported sexual abuse or suffered sexual abuse to see if there are changes that might suggest possible retaliation.</p> <p>C5—0 times retaliation occurred in the last 12 months</p> <p>D1-- PREA policy 4-6.16w.i, page 5, complies with the requirement of status checks when monitoring for retaliation.</p> <p>E1— e--PREA policy 7-9.2v covers the requirement of this standard</p> <p>F1—agency will terminate if agency determines that the allegation is unfounded is in policy 4-6 17 iv. and covers the requirements of this standard</p> <p>Interviews with the PC and PCM, as well as specialty staff confirmed knowledge, training, and understanding of the requirements to monitor retaliation. The PREA Coordinator or his designee (PCM) are assigned to track retaliation. They were able to tell this auditor the timelines and process to assess if retaliation is taking place and protective actions that may be necessary to protect residents who report, or cooperate with an investigation.</p>

115.368	Post-allegation protective custody
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>A1—PREA policy 7-9.2a, page 1, complies with the requirement that residents are only placed in isolation as a last resort....</p> <p>A2-- PREA policy 7-9.3, page 1, complies with the requirements that they receive education programming and daily large muscle exercise</p> <p>A3—0 times resident isolated for safety after making allegation of sexual abuse—in last 12 months.</p> <p>A4—0 denies services</p> <p>A5--0 time held in isolation in the last 12 months</p> <p>A6—no residents placed in isolation for sexual abuse allegation—to protect them</p> <p>A7—PREA policy 7-9.5, page 1, complies with reviews—exceeds by requiring them weekly and not every 30 days</p> <p>no resident was held in isolation due to sexual abuse.</p> <p>Interviews with Detention Manager and PCM, as well as random staff clearly confirm the adamant refusal to use isolation for youth alleging sexual abuse. They have individual rooms, and the only change that could be made would be to change rooms to be further from any retaliation or alleged perpetrator.</p> <p>Interviews with medical and mental health staff confirm that if a resident alleges sexual abuse, they would check in with them on a daily basis and if a resident is isolated, due to an sexual abuse incident, they placement would be evaluated weekly--which exceeds the standards.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A1—PREA policy 4-6.16. g, h, l, j page 4, complies with the policy requirement of this standard—to have a policy related to criminal and administrative agency investigations.</p> <p>Ada County PREA Policy states:</p> <p>Law enforcement conducts criminal sexual abuse investigations</p> <p>HR conducts staff misconduct investigations</p> <p>Facility investigator conducts non-criminal sexual harassment investigations</p> <p>During corrective action Ada County created policy 5-2, a dedicated PREA investigations policy, as well as standard reports, notifications, and resident interview form. Interviews confirmed training and practice is in place to conduct PREA investigations as standards require. Also included in documentation is an email requesting the Sheriff’s department conduct all PREA investigations according to the PREA standards.</p> <p>B1—The facility investigator has taken NIC investigator training and advanced investigator training, included in documentation for this audit, and has since attended an additional investigator training on juvenile interviewing.</p> <p>During corrective action, the human resources PREA investigator completed investigative training (NIC) and advanced investigators training. Telephone interviews, on October 16, 2017, confirmed understanding of their training, and how they will put it into practice with any investigation for the future. There have been no investigations in the last 12 months.</p> <p>During corrective action, an investigations policy, investigative forms (including credibility assessments), and a notification form were developed, investigators trained, and implemented into practice. Telephone interviews on October 16, 2017 confirmed understanding and ability to put into practice the training received.</p> <p>C1—law enforcement is responsible for gathering physical evidence; however, the facility is tasked with securing the scene, and is compliant with this portion of the standard.</p> <p>An investigative report is part of this audit documentation; and during corrective action, investigative forms were created to ensure credibility assessments—including changing policy.</p> <p>D1-PREA policy 6-2.1h, page 1, complies with the requirement that an investigation is not terminated because the source recants. During corrective action, new investigative policy 5-2 also included language that the investigation would not be terminated due to the source recanted.</p> <p>Interviews confirmed that an investigation would not be terminated when the resident recanted. The only one that was terminated, after the resident recanted, had already been investigated to the unfounded conclusion.</p> <p>E1—Investigators refer to law enforcement any allegation that is criminal in nature. They do not conduct compelled interviews, due to not interfering with a criminal investigation.</p> <p>F1—4-4.7 (PREA Policy) page 1 complies with the part of the standard that states that residents shall not be required to submit to a polygraph as a condition for proceeding with the investigation of such an allegation. During corrective action, investigative forms were developed to include credibility assessments, and telephone interviews, on October 16, 2017, confirmed investigators knowledge and understanding of this requirement.</p> <p>G1—During corrective action, an PREA Investigation Policy was created—Policy 5-2. On page 3, section 14, it requires the review of staff actions in an incident review and report. Interviews completed on October 20, 2017 confirmed investigators training and understanding, as well as</p>

guidance from new forms, that require them to determine if staff actions or failures to act contributed to the abuse and include it in a written report. The new investigative forms include description of physical and testimonial evidence, credibility assessments and investigative facts and findings.

H1—This facility does not conduct criminal investigations. They do require that law enforcement reports are sent to them, at the completion of the criminal investigation. The one report included in this audit had the report from law enforcement.

There is not an investigative policy that outlines, in detail, the responsibilities of criminal investigators, HR PREA investigators, and administrative investigators—including the requirement that criminal investigators will provide a written report that contains a thorough description of physical, testimonial, and documentary evidence.

Included in this audit is an email requesting that law enforcement investigations comply with PREA investigative standards, and while complying with this standard, this auditor recommends a detailed format (MOU) between the facility and the Sheriff's Department

i1—Referring substantiated allegations to prosecution is a requirement for law enforcement when completing a criminal investigation. The facility refers all allegations of sexual abuse to law enforcement.

i2 –o substantiated allegations occurred, and so none were referred to prosecution in the last 12 months

PREA policy 4-6.23e. and page 4 of policy 4-6.i (iii) page 7, complies with the retention time required for written reports (criminal and administrative).

k--PREA policy 4-6.16l, page 4, complies with the requirement that the departure of the alleged abuser or victim shall not provide a basis for terminating an investigation.

In the PREA investigation included in this audit, the resident departed the day of making the allegation and the investigation was continued and completed.

L: N/A

M1—PREA policy 6-2, 1g, page 1, complies with the requirement that staff will cooperate fully with law enforcement and investigative documents demonstrate this cooperation.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	A1—PREA policy 6-1.2f, page 1, complies with this standard requirement of imposing no standard higher than the preponderance of evidence to determine whether allegations are substantiated

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A2—1 investigation was completed in the last 12 months</p> <p>A3—0 residents informed of outcome—resident left facility on day he made the allegation</p> <p>B1—Policy 4-6.18, page 5-6, does not comply with the requirement that the resident is informed of the outcome of an investigation, even if an outside entity conducts the investigation, the facility will inform the resident.</p> <p>B2—1 investigation was completed in the last 12 months</p> <p>B3—0 residents notified—resident had left the facility. During corrective action, a notification form for residents was created and put into practice that complies with this standard. Interviews confirm this and that this form is part of the investigative policy and forms required in an investigation.</p> <p>C1—PREA policy 4-6, 18a, page 5, complies with the notification requirements of this standard. During corrective action, a new notification form was created and added to the new investigative forms and policy.</p> <p>C2—1 unsubstantiated report, by a staff member, was made in the last 12 months</p> <p>C3—no notification to resident listed in an investigative report because the resident was released the day the allegation was made.</p> <p>D1—PREA policy 4-6. 18b, page 5-6, complies with required notifications if the allegation is resident on resident; however, a notification form was created and implemented during corrective action.</p> <p>E1—PREA policy 4-6.18c. page 6, complied with the requirement that all such notifications are documented. During corrective action, a notification form was developed and implemented.</p> <p>E2—0 notifications to residents in the last 12 months</p> <p>E3—During corrective action, a notification form was developed and implemented.</p> <p>During corrective action, a PREA investigation policy was created (Policy 5-2). In addition, a notification form was created to notify residents of the determination of an investigation, Interviews confirmed the creation, implementation of the notification form, and new policy was in place and practice.</p>

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A1--PREA policy 4-6.18, page 5-6, complies with the requirement that a resident, who made an allegation of sexual abuse, is informed if the allegation has been determined substantiated, unsubstantiated, or unfounded, following an investigation</p> <p>A2—1 investigation was completed in the last 12 months</p> <p>A3—0 residents informed of outcome—resident left facility on day he made the allegation</p> <p>B1—Policy 4-6.18, page 5-6, complies with the requirement that the resident is informed of the outcome of an investigation, even if an outside entity conducts the investigation, the facility will inform the resident.</p> <p>B2—1 investigation was completed in the last 12 months</p> <p>B3—0 outside agency investigations were conducted</p> <p>B4—0 residents notified—resident left facility on day the allegation was made</p> <p>C1—PREA policy 4-6, 18a, page 5, complies with the notification requirements of this standard.</p> <p>C2—1 unsubstantiated report, by a staff member, was made in the last 12 months Upload the investigative report to the secure DOJ audit site for documentation—upload police report/investigation</p> <p>C3—no—youth released the day allegation made</p> <p>D1—PREA policy 4-6. 18b, page 5-6, complies with required notifications if the allegation is resident on resident.</p> <p>E1—PREA policy 4-6.18c. page 6, complied with the requirement that all such notifications are documented</p> <p>E2—0 notifications to residents in the last 12 months</p> <p>E3—N/A N/A</p> <p>A1--PREA policy 4-6.21, page 6, complies with disciplinary sanctions required in this standard</p> <p>B1—0 number staff who have violated agency sexual abuse or harassment policies</p> <p>B2—0 staff were terminated for violation</p> <p>C1—PREA policy 4-6.21b page 6, complies with the disciplinary sanctions being commensurate with the nature and circumstances....</p> <p>C2—0 staff who have been disciplined</p> <p>D1—PREA policy 4-6.21c, page 6, complies with reporting requirements, to law enforcement or licensing boards</p> <p>D2—0 staff reported to law enforcement or licensing boards</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A1—Policy 4-6.21c. page 6, complies with requirement to report contractors/volunteers to law enforcement</p> <p>A2—PREA Policy 4-6.21d page 6, complies with prohibiting contact of contractors/volunteers with residents</p> <p>A3—0 contractors/volunteers have been reported to law enforcement for licensing bodies</p> <p>A4—0 contractors/volunteers reported to law enforcement</p> <p>B1—PREA policy 4-6.21b page 6, complies with the requirement that contractor/volunteer remedial measures, or to prohibit contact with residents, in case of violation of policy.</p> <p>Interview with detention Manager, PCM and PC all confirmed that they take all allegations of sexual abuse and harassment seriously, completes required checks on all volunteers and contractors, that have contact with residents, and would take all necessary steps, including banning them from entrance to the facility and referring to law enforcement for any allegation.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A1—PREA policy 4-6.22a, page 6, complies with requirements for discipline of residents (formal process, following an administrative finding)</p> <p>A2—PREA policy 4-6.22a (i) page 6, complies with the requirement of disciplinary sanctions only after a formal disciplinary process following a criminal finding of guilt.</p> <p>A3—0 administrative findings of resident-on-resident sexual abuse</p> <p>A4—0 criminal findings of guilt in the last 12 months</p> <p>B1—PREA policy 4-6.22ii, page 6, complies with the requirement for a resident in isolation, for sexual abuse, have daily access to large muscle exercise, and education</p> <p>B2—PREA policy 4-6.22 (iii), page 6, complies with the requirement that residents, in isolation for sexual abuse, receive daily visits from medical or mental health clinician</p> <p>B3—PREA policy 4-6.22 v page 6, complies with the requirement that residents, in isolation for sexual abuse, have access to programs and work opportunities to the extent possible</p> <p>B4—0 residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse in the last 12 months</p> <p>B5—0 residents denied exercise/education.</p> <p>B6—o residents denied access to other programs or work opportunities</p> <p>C1—PREA policy 4-6.22i, page 6 complies with the requirement that a resident’s mental disabilities or mental illness contributed to his or her behavior—when determining a sanction</p> <p>d1—no</p> <p>e1—Policy 4-6.22b, page 6 complies with the standard that residents are only disciplined for sexual conduct with staff if staff member did not consent</p> <p>F1—PREA policy 4-6.22c, page 6, complies with the requirement that residents do not receive disciplinary action for a report of sexual abuse made in good faith</p> <p>G1—PREA policy 4-6.22d, page 6, prohibits all sexual activity</p> <p>G2—PREA policy 4-6.22d, page 6, complies with the requirement that if sexual activity between residents is deemed consensual, it only deems such activity to be sexual abuse if it is coerced.</p> <p>PC and PCM interviewed stated that residents disciplinary sanctions shall be 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. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. They stated that residents have their own rooms and additional isolation would not be needed.</p>

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A1—PREA policy 2-1.10i, page 2 complies with the requirement of offering a follow-up meeting to residents who disclose prior sexual victimization during screening</p> <p>A2—Policy 2-1.10, page 2 complies in policy with a 14-day follow-up meeting offered within 14 days of intake if disclosing prior sexual victimization (included in documentation are forms, and spreadsheets of youth who disclosed sexual abuse and received follow-up meetings. Also if they did not receive it—why (left facility) Data is enclosed since 2014</p> <p>A3—95 residents in the last 12 months reported prior victimization and were offered a mental health or medical follow-up meeting</p> <p>A4—Medical and mental health secondary materials included in this audit documentation that show compliance with this standard, materials since 2014 to present.</p> <p>B1—PREA Policy 2-1.10i, page 2 complies with the requirement of offering a follow-up meeting to residents who have previously perpetrated sexual abuse</p> <p>B2—Included documentation complies with the requirement that a follow-up meeting is offered within 14 days</p> <p>B3—95 residents, who had previously perpetrated sexual abuse were offered follow-up meeting with mental health. (documentation included since 2014)</p> <p>B4—Secondary materials are included in the documentation of this audit and comply with the requirement—complete documentation of disclosures, and follow-up documentation and forms</p> <p>C1—PREA policy 2-1.10 (ii) page 2 states that any information related to sexual victimization or abuse shall be strictly limited to medical and mental health practitioners, and other staff, as necessary for management of security issues, including housing and program assignments</p> <p>C2-- PREA policy 2-1.10 (ii) page 2 complies with the requirement of this standard, see above.</p> <p>D1—all residents are under 18</p>

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A1—PREA policy 4-6.16 and 17 page 5, complies with the requirement that residents have unimpeded access to emergency medical treatment and crisis intervention services.</p> <p>A2-- PREA policy 4-6.16 and 17 page 5 complies with the requirements that such services are determined by medical and mental health practitioners</p> <p>A3—Medical and mental health maintain secondary materials documenting timeliness of emergency medical treatment and crisis intervention services. Included in the documentation of this audit are forms and logs that provide evidence of compliance to this standard—although no resident has reported this and needed these services, they are ready to be provided and logged/documented</p> <p>PREA POLICY 4-6.16m and d, page 4 complies with the requirement to notify appropriate medical and mental health practitioners</p> <p>C1—PREA Policy 4-6.16 and 17 d and e, page 5 complies with the requirement that resident victims of sexual abuse are offered timely access to emergency contraception, and information about infections prophylaxis.</p> <p>D1-- PREA Policy 4-6.17f, page 5 complies with the requirement that services are provided to the victim without cost—even if not naming the abuser or cooperating in investigation</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A1—PREA policy 2-1.10i, page 2 complies with the requirement of offering a follow-up meeting to residents who disclose prior sexual victimization during screening</p> <p>A2—Policy 2-1.10, page 2 complies in policy with a 14-day follow-up meeting offered within 14 days of intake if disclosing prior sexual victimization (included in documentation are forms, and spreadsheets of youth who disclosed sexual abuse and received follow-up meetings. Also if they did not receive it—why (left facility) Data is enclosed since 2014</p> <p>A3—95 residents in the last 12 months reported prior victimization and were offered a mental health or medical follow-up meeting</p> <p>A4—Medical and mental health secondary materials included in this audit documentation that show compliance with this standard, materials since 2014 to present.</p> <p>B1—PREA Policy 2-1.10i, page 2 complies with the requirement of offering a follow-up meeting to residents who have previously perpetrated sexual abuse</p> <p>B2—Included documentation complies with the requirement that a follow-up meeting is offered within 14 days</p> <p>B3—95 residents, who had previously perpetrated sexual abuse were offered follow-up meeting with mental health. (documentation included since 2014)</p> <p>B4—Secondary materials are included in the documentation of this audit and comply with the requirement—complete documentation of disclosures, and follow-up documentation and forms</p> <p>C1—PREA policy 2-1.10 (ii) page 2 states that any information related to sexual victimization or abuse shall be strictly limited to medical and mental health practitioners, and other staff, as necessary for management of security issues, including housing and program assignments</p> <p>C2-- PREA policy 2-1.10 (ii) page 2 complies with the requirement of this standard, see above.</p> <p>D1—all residents are under 18</p> <p>A1—PREA policy 4-6.16 and 17 page 5, complies with the requirement that residents have unimpeded access to emergency medical treatment and crisis intervention services.</p> <p>A2-- PREA policy 4-6.16 and 17 page 5 complies with the requirements that such services are determined by medical and mental health practitioners</p> <p>A3—Medical and mental health maintain secondary materials documenting timeliness of emergency medical treatment and crisis intervention services. Included in the documentation of this audit are forms and logs that provide evidence of compliance to this standard—although no resident has reported this and needed these services, they are ready to be provided and logged/documented</p> <p>PREA POLICY 4-6.16m and d, page 4 complies with the requirement to notify appropriate medical and mental health practitioners</p> <p>C1—PREA Policy 4-6.16 and 17 d and e, page 5 complies with the requirement that resident victims of sexual abuse are offered timely access to emergency contraception, and information about infections prophylaxis.</p> <p>D1-- PREA Policy 4-6.17f, page 5 complies with the requirement that services are provided to the victim without cost—even if not naming the abuser or cooperating in investigation</p> <p>A1—PREA policy 4-6.17a, b, page 5 complies with the requirement to offer medical and mental health evaluation and treatment to all residents who have been victimized by sexual abuse</p> <p>B1—PREA policy 4-6.1b7, page5 complies with offering appropriate follow-up services,</p>

referrals for continued care following transfer to, or placement in , other facilities, or their release from custody.

C1-- PREA policy 4-6.16r, page 5 complies with the requirement of providing victims with medical and mental health services consistent with the community level of care

D1—PREA policy 4-6. 17d, page 5 complies with the requirement to provide pregnancy tests

E1—PREA Policy 4-6.17d, page 5 complies with the requirement that victims receive timely and comprehensive information to all lawful pregnancy related medical services.

F1—PREA policy 4-6.17e, page 5 complies with the requirement that resident victims are offered tests for sexually transmitted infections

G1—PREA policy 4-6.16r, page 4 complies with the requirement that treatment services are offered without cost, whether the victim names the abuser or cooperates with investigation

H1—PREA Policy 2-1.10i, page 2 complies with the requirement to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such history and treatment when deemed appropriate.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A1—PREA policy 4-6.17a, b, page 5 complies with the requirement to offer medical and mental health evaluation and treatment to all residents who have been victimized by sexual abuse</p> <p>B1—PREA policy 4-6.1b7, page5 complies with offering appropriate follow-up services, referrals for continued care following transfer to, or placement in , other facilities, or their release from custody.</p> <p>C1-- PREA policy 4-6.16r, page 5 complies with the requirement of providing victims with medical and mental health services consistent with the community level of care</p> <p>D1—PREA policy 4-6. 17d, page 5 complies with the requirement to provide pregnancy tests</p> <p>E1—PREA Policy 4-6.17d, page 5 complies with the requirement that victims receive timely and comprehensive information to all lawful pregnancy related medical services.</p> <p>F1—PREA policy 4-6.17e, page 5 complies with the requirement that resident victims are offered tests for sexually transmitted infections</p> <p>G1—PREA policy 4-6.16r, page 4 complies with the requirement that treatment services are offered without cost, whether the victim names the abuser or cooperates with investigation</p> <p>H1—PREA Policy 2-1.10i, page 2 complies with the requirement to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such history and treatment when deemed appropriate.</p> <p>A1—PREA Policy 4-6.23a, page 6 complies with the requirement to conduct a review after every criminal or administrative sexual abuse investigation—except unfounded. Included in documentation is policy, sexual abuse incident review form Sample reviews done since 2013 to 2016, Reviews and policy are compliant with requirements of this standard</p> <p>A2—1 incident review was done in the last 12 months and is included in this audit documentation need criminal investigation for 2016 incident review</p> <p>B1—PREA policy 4-6.23, page 6 complies with the requirement that an incident review is conducted within 30 days of the conclusion of a sexual abuse investigation. Incident reviews are included in documentation and fit the required timeline.</p> <p>B2—1 incident in the last 12 months required a incident review. It is included in the audit documentation and has all required elements.</p> <p>C1—PREA policy 4-6.23i; page 6 complies with the requirement that upper level management are included in the incident review team. Incident review documents are included in this audit and document upper level management on the team</p> <p>D1—PREA Policy 4-6.23a (III), page 6, complies with the requirement that a report of the findings from the sexual abuse incident be completed, including the sections required in this standard. Incident reviews are included in the documentation of this audit and they contain all required standards</p> <p>E1—Incident reviews are included in this audit documentation and comply with the requirement that the facility implements the recommendations for improvement or documents its reasons for not doing so</p>

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A1—PREA policy 4-6 definitions for data collection, page 2, Policy complies with this standard. Annual report is included in documentation of this audit, for years 2013 to 2016 showing data collected each year. Definitions are in policy</p> <p>B1—PREA policy 4-6 definitions for data collection, page 2, Policy complies with this standard. Annual report is included in documentation of this audit, for years 2013 to 2016 showing data collected each year. Definitions are in policy</p> <p>C1—This facility collects all data required and aggregates it yearly. It is reported to Nevada DCFS (contracting agency) and is collected to be available for the SS</p> <p>D1—PREA policy 4-6.23 complies with the policy requirements, included in this audit are investigative reports, incident reviews, yearly report, incident reports,</p> <p>E1—N/A no private facilities under contract</p> <p>F1-N/A, no request by DOJ to provide materials</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A1—PREA policy 4-6.23, page 6-7 complies by policy, included in documentation are annual reports since 2013; Reports include assessment of problem areas and corrective action.</p> <p>B1—Included in documentation are the annual reports since 2013 and they have a comparison of previous years and corrective action from those years</p> <p>B2—Provided an assessment of the agency’s progress in addressing sexual abuse.</p> <p>C1-- adacounty.id.gov/Juvenile-Court/Detention-Services is the website the PREA reports are available at</p> <p>C2—N/A</p> <p>C3-the report is included in this audit documentation and approved by agency head.</p> <p>D1—PREA policy 4-6.23 (iv), page 7, complies with this requirement in policy</p> <p>D2—no material was redacted but policy is clear that they will do it if the need arises for safety and security or a specific threat to safety 4-6.23 iv</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A1—PREA policy 4-6.23d, page 7 states that all sexual abuse investigations, training records, unannounced rounds, yearly reports and incident reviews will be stored securely.</p> <p>B1—PREA policy 4-6.23b, page 6 complies with the requirement that policy requires the required data to be made readily available to the public, at least annually, through it's website</p> <p>B2—N/A</p> <p>C1—PREA policy 4-6.23 iv, page 7 complies with the requirement that all personal identifiers are removed before making the data publicly available</p> <p>D1—PREA policy 4-6.23e, page 7 complies with the requirement that all data is maintained for at least 10 years.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>a—This is the second audit for Ada County. They were deemed compliant on their first audit and this audit is i compliant with the required standard</p> <p>b—The facility is compliant with the audit—only one facility and the second audit.</p> <p>h—will access all parts of facility when on site. All requested documentation has been sent and additional documentation is being sent and will be collected on site also.</p> <p>m—a private office is being provided for interviews</p> <p>n—postings were put up and will be checked on site</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	f—the previous audit was posted to the website and the requirement is that this one will be posted when complete

Appendix: Provision Findings

115.311 (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

115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes

115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na

115.312 (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.)	na

115.312 (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 OR the response to 115.312(a)-1 is "NO".)	na

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes

	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na

115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	na
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	na
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	na
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	na
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	no

115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes

115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	no
	Does the facility document all cross-gender pat-down searches?	no

115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, 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? (N/A for facilities with discrete housing units)	yes

115.315 (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 a 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

115.315 (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

115.316 (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	yes

	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?	
	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	yes

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
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115.316 (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

115.316 (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 §115.364, or the investigation of the resident's allegations?	yes

115.317 (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 bullet immediately above?	yes
	Does the agency prohibit the enlistment of 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 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 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 bullets immediately above?	yes

115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

115.317 (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: Consult any child abuse registry maintained by the State or locality in which the employee would work?	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

115.317 (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
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (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

115.317 (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

115.317 (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

115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, 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

115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect 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.)	na

115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na

115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na

115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience 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

115.321 (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

115.321 (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

115.321 (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 entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	na

115.321 (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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.)	yes

115.322 (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

115.322 (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

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	<p>If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))</p>	yes

115.331 (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 juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	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 and how to distinguish between consensual sexual contact and sexual abuse between residents?	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
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	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

115.331 (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

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.332 (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

115.332 (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

115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.333 (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
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes

115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes

115.333 (d)	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

115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	no

115.333 (f)	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

115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(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 administrative or criminal sexual abuse investigations. See 115.321(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 administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (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?	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?	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 juvenile victims of sexual abuse and sexual harassment?	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?	yes

115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)	no

115.335 (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?	yes

115.335 (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 §115.331?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?	yes

115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	no

115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes

115.341 (e)	Obtaining information from residents	
	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

115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

115.342 (d) Placement of residents		
	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

115.342 (e) Placement of residents		
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes

115.342 (f) Placement of residents		
	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

115.342 (g) Placement of residents		
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.342 (h) Placement of residents		
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes

115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (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: 2. 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

115.351 (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
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes

115.351 (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

115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes

115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.352 (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

115.352 (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 an 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

115.352 (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

115.352 (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 of time to respond is 70 days per 115.352(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

115.352 (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, other than a parent or legal guardian, 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
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (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

115.352 (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

115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	no
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes

115.353 (b)	Resident access to outside confidential support services and legal representation	
	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

115.353 (c)	Resident access to outside confidential support services and legal representation	
	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

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

115.354 (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

115.361 (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 they receive 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 they receive 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 they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	no

115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes

115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited 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

115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	no
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes

115.361 (f)	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

115.362 (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

115.363 (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
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes

115.363 (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

115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes

115.363 (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

115.364 (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

115.364 (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

115.365 (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

115.366 (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?	no

115.367 (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

115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, 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?	yes

115.367 (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: 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: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.367 (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?	no

115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (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 does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (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 involving juvenile victims as required by 115.334?	yes

115.371 (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

115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

115.371 (e)	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?	no

115.371 (f)	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

115.371 (g)	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

115.371 (h)	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

115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes

115.371 (k)	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

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.372 (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

115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.373 (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

115.373 (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

115.373 (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

115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (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

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.376 (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

115.376 (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

115.377 (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

115.377 (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

115.378 (a)	Interventions and 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, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary 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
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes

115.378 (c)	Interventions and 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

115.378 (d)	Interventions and 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 offer the offending resident participation in such interventions?	no
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	no

115.378 (e)	Interventions and 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

115.378 (f)	Interventions and 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

115.378 (g)	Interventions and 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

115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes

115.382 (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

115.382 (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 staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.382 (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

115.382 (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

115.383 (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

115.383 (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

115.383 (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

115.383 (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.)	yes

115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(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.)	yes

115.383 (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

115.383 (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

115.383 (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

115.386 (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

115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.386 (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

115.386 (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 §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.387 (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

115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (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

115.387 (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

115.387 (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.)	na

115.387 (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.)	na

115.388 (a) Data review for corrective action		
	Does the agency review data collected and aggregated pursuant to § 115.387 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 § 115.387 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 § 115.387 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

115.388 (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

115.388 (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

115.388 (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

115.389 (a) Data storage, publication, and destruction		
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

115.389 (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

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 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 three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. (N/A before August 20, 2016.)	yes

115.401 (b)	Frequency and scope of audits	
	During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.	yes

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A only if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)	yes