

PREA Facility Audit Report: Final

Name of Facility: Snake River Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/11/2022

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: J. Aaron Keech	Date of Signature: 11/11/2022

AUDITOR INFORMATION	
Auditor name:	Keech, Aaron
Email:	akeech37@gmail.com
Start Date of On-Site Audit:	09/23/2022
End Date of On-Site Audit:	09/23/2022

FACILITY INFORMATION	
Facility name:	Snake River Juvenile Detention Center
Facility physical address:	650 Addison Avenue West , Floor 3, Suite 3200, Twin Falls, Idaho - 83301
Facility mailing address:	PO Box 126, Twin Falls, Idaho - 83303

Primary Contact	
Name:	Janaan Van Zante
Email Address:	janaan.vanzante@tfco.org
Telephone Number:	2087362588

Superintendent/Director/Administrator	
Name:	Paul Shepherd
Email Address:	pshepherd@tfco.org
Telephone Number:	208-736-2588 ext.

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Sherry Stoutin
Email Address:	sherry@ivycom.com
Telephone Number:	(208)305-3622

Facility Characteristics	
Designed facility capacity:	19
Current population of facility:	15
Average daily population for the past 12 months:	9
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	10-17
Facility security levels/resident custody levels:	0
Number of staff currently employed at the facility who may have contact with residents:	18
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	6
Number of volunteers who have contact with residents, currently authorized to enter the facility:	17

AGENCY INFORMATION	
Name of agency:	Twin Falls County
Governing authority or parent agency (if applicable):	
Physical Address:	630 Addison Ave. W, , Twin Falls , Idaho - 83301
Mailing Address:	
Telephone number:	2087364000

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Janaan Van Zante	Email Address:	janaan.vanzante@co.twin-falls.id.us

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
43	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-09-23
2. End date of the onsite portion of the audit:	2022-09-23

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The auditor attempted to communicate with community based organizations to include Just Detention International, Idaho Coalition Against Sexual and Domestic Violence, and the Voices Against Violence. Organizations stated they do not have any reports of any sexual related information.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	19
15. Average daily population for the past 12 months:	9
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	11
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2

40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	1
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	On the day of the on-site review, the population was eleven residents. The auditor interviewed the entire population resulting in only five population characteristics of residents therefore not all groups were tracked. The number of residents housed at the facility to obtain the minimum threshold was not met. All residents agreed to be interviewed with no refusals. All residents were cooperative and respectful throughout the interview process.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	18
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	17
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	6

<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>On the day of the on-site review, the minimum number of required random staff for interviews was exceeded with a total of thirteen staff. The auditor interviewed two volunteers and one contractors. All staff agreed to be interviewed with no refusals. All staff, volunteers, and contractors were knowledgeable, cooperative, and respectful throughout the interview process.</p>
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INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	5
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<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
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<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor interviewed all eleven residents that were housed in the facility. The auditor did not meet the minimum number of random residents due to the population of eleven residents at the facility. Six residents were categorized as targeted resident interviews.</p>
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<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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<p>a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:</p>	<p>The auditor interviewed all eleven residents in the entire population that were housed at the facility. Five of the eleven residents were counted at random residents while six residents were counted as targeted residents.</p>
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<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No additional comments from the auditor.</p>
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Targeted Inmate/Resident/Detainee Interviews

<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	6
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As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor discussed the characteristics of the residents with the Facility Manager and PREA Coordinator to conduct the appropriate number of targeted resident interviews.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor discussed the characteristics of the residents with the Facility Manager and PREA Coordinator to conduct the appropriate number of targeted resident interviews.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor discussed the characteristics of the residents with the Facility Manager and PREA Coordinator to conduct the appropriate number of targeted resident interviews.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor discussed the characteristics of the residents with the Facility Manager and PREA Coordinator to conduct the appropriate number of targeted resident interviews.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor discussed the characteristics of the residents with the Facility Manager and PREA Coordinator to conduct the appropriate number of targeted resident interviews. There were zero incidents of sexual abuse and harassment during the twelve month reporting period.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor discussed the characteristics of the residents with the Facility Manager and PREA Coordinator to conduct the appropriate number of targeted resident interviews. There were zero incidents of residents placed in isolation during the twelve month reporting period.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The auditor discussed the characteristics of the residents with the Facility Manager and PREA Coordinator to conduct the appropriate number of targeted resident interviews.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>13</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor conducted thirteen random staff interviews exceeded the minimum number of random staff.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	29
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<ul style="list-style-type: none"> <input checked="" type="radio"/> Yes <input type="radio"/> No
<p>a. Enter the total number of VOLUNTEERS who were interviewed:</p>	<p>2</p>

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

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	During the onsite review, residents were on the living units so the auditor had uninterrupted access to them at the time.

Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	<ul style="list-style-type: none"> • On-site Documentation Review: Ten (10) resident social, medical and mental health files, paper and/or electronic files. Files were accurate, organized, complete, and secured within the facility administrators office. Ten (10) human resource files of current staff, volunteers, and contractors Unannounced rounds/facility forms Ten (10) Resident Medical Files
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were zero sexual abuse allegations over the past twelve month reporting period.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
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<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were zero sexual harassment allegations over the past twelve month reporting period.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There were zero sexual harassment allegations over the past twelve month reporting period.</p>
<p>SUPPORT STAFF INFORMATION</p>	
<p>DOJ-certified PREA Auditors Support Staff</p>	
<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>Non-certified Support Staff</p>	
<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

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: Meets Standard
	Auditor Discussion

Policy and Supporting Documents Reviewed, Interviews and Observations:

- Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13
- Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse
- Snake River Juvenile Detention Center Organizational Chart dated 2022
- Snake River Juvenile Detention Center, Twin Falls County Job Description for Training Supervisor
- Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Facility Mission Statement
- Facility Schematic
- Facility Audit Notice Photographs

Interviews:

- Agency Designee, Facility Manager
- Facility PREA Coordinator

The review of the Snake River Juvenile Detention Center (SRJDC), policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13, page 1, prohibits sexual contact by any employee with a juvenile offender as defined in Idaho Code Title 18, Chapter 61, Section 18-6110. The detention center promotes a zero tolerance toward the sexual assault of juvenile offenders in accordance with the Prison Rape Elimination Act of 2003.

The Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse states that sexual abuse and sexual harassment of juveniles while in-custody violates their basic human rights, impedes the likelihood of their successful reentry into the community, and violates the Snake River Juvenile Detention Center's obligation to provide safe and humane conditions of confinement. Sexual abuse and sexual harassment of juveniles in confinement is not only traumatic for young offenders, but also extremely disruptive to the rehabilitative process.

It is therefore, SRJDC intent to maintain a zero tolerance toward all forms of sexual abuse and sexual harassment and implement policies and procedures pursuant to the Prison Rape Elimination Act (PREA) of 2003. All staff members are responsible for the detection, prevention, and reporting requirements in this procedure. The SRJDC Policy and Standard Operating Procedure outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The facility policy and procedure clearly define general definitions and definitions of prohibited behaviors to include sexual abuse and sexual harassment as described in the Juvenile PREA standards. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

In section J, subsection 1 and 2 states, Discipline includes sanctions for those found to have participated in prohibited behaviors to include juvenile disciplinary sanctions being informed of his/her right to appeal any disciplinary sanctions taken as a result of the violation, their right to a response to their appeal, their responsibility of initiating an appeal and following the proper procedures in the course of their efforts. Staff disciplinary actions states the Idaho code sections make it a felony for an adult to engage in sexual activity with juveniles or to solicit a juvenile to engage in sexual activity, including but not limited to Idaho Code 18-1501, 18-1506, 18-1506A, 18-1508, 18-1508A, and 18-6101.1. The facility provided the Organizational Chart dated 2022 indicates in writing the Training Supervisor is designated as the facility's PREA Coordinator/Compliance Manager. This position reports directly to the Facility Manager and overseen by the Joint Powers Advisory Board made up of members from the Twin Falls County Commissioners, Judge, and one Commissioner from each Blaine, Camas, Gooding, Jerome, Lincoln Counties, and Trial Court Administrators Juvenile Detention Board. Based on the PREA policy, the facility has a comprehensive approach to prevention, detection, responding and reporting have been implemented within the facility. Furthermore, the supporting documentation clearly indicates the county and facility take PREA implementation seriously and shows implementation performance daily.

Interview Results:

- The Facility Manager confirmed the appointment, qualifications, and continued efforts of the Facility Manager/PREA Coordinator. The facility PREA Coordinator oversees the facility's efforts to comply with the PREA standards further and has indicated she has enough time to manage all the PREA related responsibilities. The PREA Coordinator is very knowledgeable with implementing the PREA standards and within the past year and half completed the PRC PREA 101 program. When she identifies any compliance issues, she informs staff and processes any issues with them. The PREA Coordinator
- Based on the above listed information, the facility meets the standard and complies with the standard for the relevant review period.

115.312	Contracting with other entities for the confinement of residents
	<p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 821 300">Supporting Documents, Interviews and Observations:</p> <ul data-bbox="284 349 1476 448" style="list-style-type: none"> • Memorandum of Understanding of the terms and conditions between Minidoka County (Mini-Cassia Juvenile Detention Center and Twin Falls County dated 7/29/2021 • Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p data-bbox="242 474 359 504">Interviews:</p> <ul data-bbox="284 553 965 616" style="list-style-type: none"> • Agency Head Designee, Contract Administrator- Facility Manager • PREA Coordinator <p data-bbox="242 642 1492 936">The review of the Memorandum of Understanding of the terms and conditions between Minidoka County, State of Idaho representing the Mini-Cassia Juvenile Detention Center and Bannock County dated 7/29/21, states the two parties agree the Mini-Cassia Juvenile Detention Center shall adopt and comply with the standards of the Prison Rape Elimination Act. All contracting agencies shall also adopt and comply with the standards of the Prison Rape Elimination Act and allow the Mini-Cassia Juvenile Detention Center administration adequate opportunity to monitor the contracting agency's compliance with PREA standards. The contract is for overflow housing needs with the Mini-Cassia Juvenile Detention Center. The Mini-Cassia Juvenile Detention Center's last PREA audit were 2/25/19 and 7/5/22 result being in compliance with the PREA standards. Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with PREA standards.</p> <p data-bbox="242 963 981 992">A review of the Pre-Audit Questionnaire and confirmed by staff interviews:</p> <ul data-bbox="284 1041 1460 1140" style="list-style-type: none"> • On or after August 20, 2012, or since the last PREA audit, whichever is later, the number of contracts for the confinement of residents that the agency entered or renewed with private entities or other government agencies: 1. • The number of contracts that DID NOT require contractors to adopt and comply with PREA standards: 0. <p data-bbox="242 1167 438 1196">Interview Results:</p> <ul data-bbox="284 1245 1476 1411" style="list-style-type: none"> • The Agency Level Designee-Facility Manger, and PREA Coordinator confirmed the facility does contract with other entities for the confinement of residents and the PREA language written into its contracts. The Facility Manager monitors the confinement facility for PREA compliance on an annual basis. • Based on the above listed information, the facility meets the standard and complies with the standard for the relevant review period.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13
- Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse
- Snake River Juvenile Detention Center, policy number 12.1, Supervision of Juveniles, Staffing Patterns and Monitoring Policy, revised 9/13/13
- Snake River Juvenile Detention Center, Standard Operating Procedure: Staffing Plan
- Snake River Juvenile Detention Center, Standard Operating Procedure: Well-Being Checks
- Snake River Juvenile Detention Center Organizational Chart dated August 2022
- Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Facility Detention Log dated July 2019 to July 2022
- Random samples of Unannounced Rounds (PREA checks) forms over the past twelve months

Review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section D. Prevention. 3. Juvenile Supervision. a. Juveniles will not be unsupervised in any common areas within the facility. b. All staff members are responsible for the prevention of sexual behavior within the facility by abiding by the various requirements and procedures set forth in policy and procedure. c. Administration and Supervisors will provide adequate staffing levels to ensure supervision standards. d. Juvenile Detention Officers will provide direct supervision that involves their continuous presence and movement, interaction, observation, and appropriate intervention in order to prevent and protect juveniles from sexual abuse. e. Detention Staff, in relation to cross-gender viewing, shall not observe juveniles of the opposite sex in shower, clothing exchange, toilet areas or any other areas in which juveniles normally are in some state of undress unless such observation is incidental to routine security checks, emergencies or other job functions. f. Through the use of the intercom system and staff verbal expectations, juveniles will be informed of male and female staff being the housing area throughout the daily schedules. g. The Manager, Designated PREA Coordinator and Supervisors will examine the physical facility on an on-going basis to assess for any physical barriers to supervision including camera monitoring technology and then resolve any deficiencies as appropriate. h. Cross gender pat-down searches are prohibited by staff.

Review of the Snake River Juvenile Detention Center, policy number 12.1, Supervision of Juveniles, Staffing Patterns and Monitoring Policy, revised 9/13/13 SRJDC shall ensure that there are sufficient staff members present in the facility, awake and alert at all times, to provide supervision of juveniles and to insure their presence and safety. There shall be sufficient trained staff to provide continuous wide awake supervision of juveniles on each shift and at least one staff member of the same gender as the detained juveniles. The policy further stated in section 1, Procedure: 1. Staff Supervision and Availability: Juveniles are to have 24-hour-a-day access to detention staff. Day staff is responsible to supervise and be available to juveniles from 0700 to 2300 seven days per week. Night staff is responsible to supervise and be available to juveniles in custody from 2300 to 0700. Officers may maintain their availability to juveniles by direct supervision. Staff is to personally observe all juveniles every fifteen (15) minutes or less on an irregular schedule and log their checks. As a result of the 24-hour, 7 days a week supervision afforded, juveniles in custody are ensured regular and ongoing access to staff.

This system of supervision and monitoring ensures that juveniles will have routine opportunity to have their problems and concerns addressed. Facility staff shall have frequent contacts with the juveniles to help them with their adjustment and day-to-day problems while in detention: a. To facilitate juveniles access to staff and availability of services to juveniles, the following staffing guidelines will be used: b. There will be a minimum of two officers on duty at all times in the facility. c. There will be at least one female and one male staff member on duty at all times. d. Sufficient staff should be available, so juveniles are not left unsupervised at any time. e. The ratio of detention staff to juveniles shall be one (1) to eight (8) plus one (1) during activity hours, generally 7:00 – 22:00. f. When special needs of juveniles for their health, safety and welfare cannot be guaranteed due to inadequate staff coverage, supervision shall be increased. g. Age-appropriate rest and sleep hours shall be provided for juveniles. Designated lights out time shall be 2200 hours. h. Male and female juveniles shall not occupy the same sleeping room at the same time. i. There shall be no viewing devices, (e.g., peep holes, one-way mirrors, etc.) of which juveniles are not aware. j. Precautions shall be taken to protect juveniles from public view, such as when visitors or tour groups are in the facility. 2. An officer of the same gender as the juvenile must be present when an occupied sleeping room is entered. 3. An officer of the same gender as the juvenile must be present when procedures require physical contact. 4. A staff of the same gender as the juvenile must be present during periods of personal hygiene activities and care such as showers, toilet, and related activities. 5. Monitoring During Room Confinement: Any juvenile who is confined to

his/her room for the purpose of controlling behavior or for voluntary lock up (e.g., illness, sleeping, etc.) should be monitored for the duration of the confinement. 6. Documentation: Proper documentation should be maintained of supervision of juveniles provided by staff. This documentation should be done in the control log and disciplinary forms.

During quiet times and when the entire group is confined, a visual check of each juvenile should be made at least every fifteen (15) minutes or less, at all other times, a visual check of each juvenile that is in his/her room is also to be made at least every fifteen (15) minutes or less to ensure the juvenile's safety. Night staff is responsible for fifteen (15) minutes or less well-being checks from 2200 hours to 0700 hours. Well-being checks should be made more frequently whenever warranted. Frequency of visual contact should be increased, as appropriate, when juveniles are seriously upset, agitated and/or depressed.

Review of the Snake River Juvenile Detention Center, Standard Operating Procedure: Staffing Plan, with the purpose: Management at the Snake River Juvenile Detention Center will schedule direct care staff on all shifts to perform all functions related to security, supervision, services, activities, and programs as needed to operate the facility. A. Staffing Plan; 1. Staff Work Schedules; a. Work Schedules will be posted a minimum of one week in advance. b. Work Schedules may be posted three weeks in advance of major holidays. 2. Mid Shift (2300 – 0700 Hours) a. There will be a minimum of two staff scheduled who are to be awake and on duty at all times b. There will be at least one female and one male staff member scheduled and on duty at all times. 3. Day Shift and Swing Shift (0700 – 2300 Hours). a. At least one of the direct care staff on duty will be female and at least one direct care staff will be male. b. The number of staff on shift may be reduced or increased to comply with the following staff to juvenile ratios as recommended in the standards for Secure Facilities: 1 – 8 Juveniles = 2 Staff, 9 – 16 Juveniles = 3 Staff, 17 – 24 Juveniles = 4 Staff, 25 – 32 Juveniles = 5 Staff, 33 – 40 Juveniles = 6 Staff. 4. The Detention Manager or Shift Supervisors will make arrangements to decrease staffing if appropriate according to the above ratios and anticipated workload. 5. The Shift Supervisor will attempt to increase staff if we are understaffed according to the above ratios. If arrangements cannot be made to increase staffing the Shift Supervisor will notify the Detention Manager. It will be documented in the control log when staffing numbers are lower than the staff to juvenile ratio and an incident report will be generated.

In reviewing the Snake River Juvenile Detention Center, Standard Operating Procedure: Well-Being Checks purpose is following procedure is in place to ensure the safety of all juveniles in our care and to facilitate their regular and ongoing access to staff. (See SRJDC Policy 12.1 on Staffing Patterns/Monitoring). It is the responsibility and focus of the Detention Officer assigned to the Well-Being Position to perform well-being checks according to policy and procedure. In section A. Frequency. 1. The Well-Being Officer shall make a visual check of all juveniles confined in A-Wing, B-Wing, C-Wing or holding rooms every 15 minutes or less. 2. The Well-Being Officer will use a systematic pattern for checks to ensure all checks are made for all juveniles confined in their rooms. 3. These visual checks will be made 24-hours per day without fail whenever any juveniles are confined in their rooms. 4. Well-Being checks should be made more frequently whenever warranted or according to individual Supervision Levels (see procedure: Levels of Supervision for At-Risk Juveniles). 5. The frequency of visual contact should be increased, as appropriate, when juveniles are upset or agitated. 6. The Control Officer will make it a priority to provide movement access to the Well-Being Officer. B. Notification of Well-Being Checks (If Guard One Plus system is unavailable)

Section 1. The Detention Officer assigned to the Well-Being position will immediately notify Control when each round of well-being checks are completed along with the results of the round of checks. (example of notification: "Well-Being Check completed and all is okay." 2. The Control Officer will acknowledge the completion of the round of Well-Being Checks with, "copy that" so that the Well-Being Officer is assured of the documentation and continue with another round of checks. 3. Notify Control immediately if there is a well-being check emergency and take action according to policy and procedure. 4. If Guard One Plus System is available staff will just notify Control that they are conducting a Well-Being Check. C. Documentation. 1. Well-Being Officer; a. Refer to the procedure titled, "Observation Log System". b. Documentation on Observation Logs by the Well-Being Officer is to take place as the well-being checks are made for those juveniles on a Supervision Level, Lockdown or Sick Day. 2. Control Officer (If the Guard One Plus System is unavailable); a. The Control Officer will document 15-minute or less Well-Being Checks when notified of completion by typing the code, "WB__" and filling in the Well-Being Officer's initials. EXAMPLE: WBNL would then be "WELL BEING CHECK COMPLETED BY DETENTION OFFICER NATHAN LEWIS AND ALL OK". b. The Control Officer will immediately document a well-being check emergency by typing the code, "WBNO" and filling in the Well-Being Officer's name, cell # and juvenile's name in the default wording and take action according to policy and procedure. c. Documenting Well-Being Checks is a priority over other control operational tasks or facilitation of movements.

The capacity at Snake River Juvenile Detention Center is nineteen (19). The average daily number of residents for the past twelve months was nine (9). On the day of the site review, the population at SRJDC was eleven (11) and the auditor interviewed the entire population. Snake River Juvenile Detention Center provides pre-trial detention services of pre-adjudicated juveniles serving six counties in Idaho. A resident's average length of stay is twelve days mainly used in cases of emergency detention situations. The facility serves both males and females between the ages of 10-17. On an annual basis, the Idaho Department of Juvenile Corrections conducts a safety and security audit to determine compliance with the rules and standards for secure juvenile detention centers as set forth in IDAPA 05.01.02. The facility has been compliant for the past two years.

According to the Facility Manager and PREA Coordinator conducts the annual staffing and PREA planning meeting on staffing plans, the facility has developed, implemented, and documented a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect residents against sexual abuse. SRJDC Staffing Plan takes into consideration the eleven criteria in subsection(a) to any prevailing staffing patterns, the facility's deployment of video monitoring systems and other monitoring technologies, and resources the facility has available to commit to ensure adherence to the standards.

The Facility Manager, there are two direct care staff vacancies and in the process of recruiting and hiring additional staff. While conducting the site review, the auditor reviewed documentation noting staffing ratios for the entire facility. The reports documented the days, shifts, resident head counts, staff on duty providing direct supervision, other staff in the building. Based on the documentation, the facility maintains eight to one (8:1+1) juvenile-to-staff ratios during waking and non-waking hours, except during limited and discrete exigent circumstances, which shall be fully documented. The State of Idaho Administrative Procedures Act staffing ratio is at 1:8+1, making it stricter than the PREA mandatory staffing ratio. For the past twelve months, there were no deviations from the staffing plan and ratio. The Facility Manager and PREA Coordinator reported there were no deviations from the staffing plan and staffing ratios during the past twelve months. The facility has not been over capacity during the past twelve months.

Review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section D. Prevention. 1. A Supervisor shall conduct at a minimum of at least one unannounced round per shift to deter staff sexual abuse and sexual harassment. At the completion of the rounds the Supervisor shall make a log entry of the rounds. Supervisors and/or staff members are prohibited from alerting other staff members that these supervisory rounds are occurring unless, such announcements is related to the legitimate operational functions of the facility.

The PREA Coordinator provided the auditor with Facility Detention Log spreadsheet dated July 2019 to July 2022. The spreadsheet documented Unannounced Facility Visit (Rounds) indicated random supervisory checks on the living units and buildings for both day and night shifts. While on-site, the auditor reviewed the unannounced rounds binder and reviewed the last twelve months of checks. The total number of rounds were at a minimum of three times on each shift both day shift and night shifts. Unannounced rounds are conducted by higher level staff namely the Supervisors, PREA Coordinator, and Facility Director. Unannounced rounds were conducted at interval and staggered times to not alert other staff members in any way that these supervisory rounds are occurring.

During the site review the auditor compared the written staffing plan and observations seen while at the facility. It was observed residents were directly and closely supervised within ratio, video cameras were present, and all were in good working order. The number of staff and contractors present during shift included living units, programming, work, education, and other areas within the facility. Areas observed were based on accessibility of residents and staff. This also included restricted areas prohibiting residents but accessible to staff. Video surveillance and camera presence was in strategic areas to reduce all blind spots. The site review conducted by the auditor revealed three doors were identified restricted areas for youth by having easily understood signs for residents as well as staff. To reduce facility liability and prevent sexual abuse, the recommendation was to place a restricted area signs on the laundry room, and two storage rooms. Shortly after the site review and during the evidence review phase, the auditor received from the PREA Coordinator photographs of the areas in question verifying compliance and the matter was resolved.

Interviews:

- Agency Designee- Facility Manager
- Facility PREA Coordinator

Interview with the Facility Manager revealed that at least annually, in collaboration with the PREA Coordinator, the facility reviews the staffing schedule to see whether adjustments are needed in:

- The staffing plan/schedule;
- Prevailing staffing patterns.
- The facility's deployment of video monitoring systems and other monitoring technologies.
- The resources the agency/facility has available to commit to ensure adequate staffing levels.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- Since the last PREA audit the average daily number of residents reported was ten (10).
- Since the last PREA audit, the average daily number of residents on which the staffing schedule was predicated was twenty-four (24). Resident population on the day of the site review was eleven (11.)

Interview Results:

- Interviews and supporting documentation from the facility indicated that they are consulted regarding any assessment or adjustments to the staffing plan.
- Interview with the Facility Manager and facility PREA Coordinator indicated that the facility has a staffing plan. When assessing adequate staffing levels and the need for video monitoring, they consider all of the components listed in the standard.
- Interviews with intermediate or higher-level staff indicated they perform unannounced rounds and documented on the Unannounced Facility Visit (Rounds) sheets.
- Based on the above listed information, the facility meets the standard and complies with the standard for the relevant review period.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13 • Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse • Snake River Juvenile Detention Center, policy number 9.2, Searches Policy, revised 9/13/13 • Snake River Juvenile Detention Center, Standard Operating Procedure: Juvenile Pat down Searches • Snake River Juvenile Detention Center, policy number 8.6, Juvenile Rights and Responsibilities Policy, revised 9/13/04 • Idaho P.O.S.T. Academy, Staff Training, Lesson Plan and Power Point Presentation • National PREA Resource Center Guidance on Cross Gender and Transgender Pat Searches Video • Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Designee-Facility Manager • Facility PREA Coordinator • Random Staff • Random Residents <p>The initial review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section D. Prevention. a. Detention Staff, in relation to cross-gender viewing, shall not observe juveniles of the opposite sex in shower, clothing exchange, toilet areas or any other areas in which juveniles normally are in some state of undress unless such observation is incidental to routine security checks, emergencies or other job functions. b. Through the use of the intercom system and staff verbal expectations, juveniles will be informed of male and female staff being the housing area throughout the daily schedules. c. The Manager, Designated PREA Coordinator and Supervisors will examine the physical facility on an on-going basis to assess for any physical barriers to supervision including camera monitoring technology and then resolve any deficiencies as appropriate. d. Cross gender pat-down searches are prohibited by staff.</p> <p>Review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section D. Prevention. a. Detention Staff, in relation to cross-gender viewing, shall not observe juveniles of the opposite sex in shower, clothing exchange, toilet areas or any other areas in which juveniles normally are in some state of undress unless such observation is incidental to routine security checks, emergencies or other job functions. With regards to opposite gender announcement, policy states in Section D. Prevention; e. Detention Staff, in relation to cross-gender viewing, shall not observe juveniles of the opposite sex in shower, clothing exchange, toilet areas or any other areas in which juveniles normally are in some state of undress unless such observation is incidental to routine security checks, emergencies or other job functions. f. Through the use of the intercom system and staff verbal expectations, juveniles will be informed of male and female staff being the housing area throughout the daily schedules. g. The Manager, Designated PREA Coordinator and Supervisors will examine the physical facility on an on-going basis to assess for any physical barriers to supervision including camera monitoring technology and then resolve any deficiencies as appropriate, h. Cross gender pat-down searches are prohibited by staff. Referencing the above policy, the facility is required in Section F. Medical and Mental Health Care Assessment; 1. Facility Qualified Medical or Mental Health Practitioners ascertain the following information during Juvenile Screenings: a. Sexual orientation. b. Gender identity. c. Examination of transgender juveniles to confirm genital status is prohibited unless the genital status is unknown and if necessary is to be performed in private by a medical professional.</p> <p>Review of the Snake River Juvenile Detention Center, Snake River Juvenile Detention Center, policy number 9.2, Searches Policy and Standard Operating Procedure: Juvenile Pat down Searches A pat down search shall be conducted when juveniles are admitted, when staff suspects that a juvenile has contraband on them, at unannounced, irregular times and after visits with anyone from outside of the facility. The juvenile shall not be touched any more than is necessary to conduct a comprehensive search, and only by same gender staff. The types of pat downs are grouped into two categories: 1. Intake 2. Post visitation, Post Furlough, Post Court and Random. In order to protect yourself and the juvenile it is very important to be consistent in your method of doing pat down searches. Section B. Documentation: 5. Cross-Gender pat-down searches are</p>

prohibited by staff. 6. In the event of a pat-down for a transgender or intersex identifying juvenile, the staff or Team Leader will contact the Shift Supervisor, on-call Supervisor or Detention Manager for further instructions prior to the search to determine the residents search preference. If the resident is identified as transgender or intersex then the staff performing the search will be determined on a case-by-case basis, this search will be performed by the staff that the inmate prefers. This will be done by asking each juvenile prior to the pat search if they identify as transgender or intersex, if the resident responds yes then the staff will ask them which gender of staff the inmate is most comfortable with searching them. In section 1, Procedures. f. Strip searches shall be performed only on entry to the facility or when there is reason to believe that weapons or contraband will be found. A staff member of the same gender as the juvenile being searched shall conduct a strip search. The facility Searches Policy and Standard Operating Procedures for all types of searches is clearly written and very detailed in providing all staff the knowledge to properly search a resident while also taken into account a residents past traumatic experiences.

A review of the facility's search training curriculum and acknowledgement of PREA staff training forms confirm training on pat down searches, cross-gender pat searches and searches of transgender and intersex residents are conducted in a respectful and professional manner and that cross-gender strip or cross-gender visual body cavity searches of residents are prohibited. Staff were able to describe what an exigent circumstance would be seeking authorization to conduct such a search. Eleven residents interviewed stated that they had never been searched by a staff member of the opposite sex gender nor had they ever seen a staff conduct a cross gender pat down search. The residents described how staff conducting pat down and visual body searches were conducted in a respectful and professional manner and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents.

Eleven (11) of the thirteen (13) random staff interviewed, reported they do announce their presence when entering the opposite gender living unit. The auditor interviewed thirteen (13) residents and when asked, "does staff of the opposite gender announce their presence when entering your housing area or area where you shower, change your clothes, or perform bodily functions," all eleven residents reported are put on notice when opposite gender staff are on shift working by hearing a notice at the beginning and end of each shift and a few more times throughout the day. Most residents knew the reason why the opposite gender announce is made by staff. The auditor observed this practice by staff making the opposite gender announcement when residents to cover up.

During the site review, the auditor observed all inside and outside the housing units where residents undress, shower, use the toilet, and change their clothes. Observations were made and determined that nonmedical staff of the opposite gender were able to view confined persons in a state of undress, including from different angles based on the layout of the toilet and knee walls in each room. After the site review was completed, the auditor and facility PREA Coordinator completed an electronic surveillance monitoring review to observe areas and spaces where staff monitor live or recorded video feeds of residents and determined the facility uses any type of software to blur (grayed out) areas to obscure cross-gender viewing of residents while undressing. Each shower room has a separate stall with a solid door with a window covering. Residents shower one at a time. The facility's method used to alert residents that an opposite-gender staff person has entered a housing unit where they undress, use the toilet by verbally and loud enough for all residents to hear by using the facility/room wide intercom system. Over the past twelve-month reporting period there were no resident admitted with disabilities who are deaf or hard of hearing, blind or have low vision. The facility would modify the procedures to accommodate disabled residents.

While on-site, there were no transgender or intersex residents housed at the facility. There was one resident who identified as gender nonconforming, non-binary. If the facility were to receive a transgender or intersex resident, the agency/facility staff will not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, the facility will determine 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. Should the facility house a transgender or intersex resident in population and when a pat down search is required, the facility has the resources to conduct the search based on the resident's preference.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- In the past 12 months, the number of cross-gender strip or cross gender visual body cavity searches of Residents reported was zero.
- In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff reported was zero.
- The number of pat-down searches of female residents that were conducted by male staff reported was zero.
- The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstances reported was zero.
- In the past 12 months, the number of transgender or intersex residents search or physically examine for the sole purposes of determining the resident's genital status was zero.

Interview Results:

- All eleven (11) residents stated that they and other residents are never naked in full view of staff, when using the toilet, showering, or changing clothing.
- Residents interviewed have undergone a pat or visual body search conducted by same gender staff and are conducted in a professional and respectful less intrusive manner.
- There is always a male and female staff on all shifts. Male staff interviewed confirmed they have never seen a female search a male resident.
- Based on the above listed information, the facility meets the standard and complies with the standard for the relevant review period.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13
- Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse
- Twin Falls County, Snake River Juvenile Detention Center, End the Silence, Zero Tolerance for Sexual Abuse and Sexual Harassment: PREA Brochure, English and Spanish Versions
- Snake River Juvenile Detention Center “What You Should Know about Sexual Abuse and Assault” brochure, English and Spanish versions
- Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Interpretive Services Information Notice Form
- Youth Handbook

Interviews:

- Agency Designee- Facility Manager
- Facility PREA Coordinator
- Random Staff
- Random Residents
- Resident who had a disability

The Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse require in section C. Training and Education. 1. Juvenile Education During the Intake Process. a. The Intake Officer will verbally inform juveniles in an age-appropriate manner of the facilities zero-tolerance policy regarding sexual abuse and how to report incidents or suspicions of sexual abuse. b. The Intake Officer will provide each juvenile with a Juvenile Handbook and point out where they can find information regarding the facilities sexual abuse policies. c. The Intake Officer will also provide each juvenile with the “Sexual Abuse and Assault Awareness” brochure that is available in English or Spanish and contains information on: 1. a juvenile’s right to be free from sexual abuse. 2. a juvenile’s right to be free from retaliation for reporting abuse. 3. the dynamics of sexual abuse in confinement. 4. the common reactions of sexual abuse victims. 5.the facilities sexual abuse response policies and procedures. d. All sexual abuse material and education provided to each juvenile will be acknowledged by the juvenile’s signature in their juvenile file. e. Shift Supervisors are to ensure that the education has taken place. f. Shift Supervisors are to ensure that the acknowledgement signatures of staff providing the education and the juvenile receiving the education are obtained. g. Detention Officers and Supervisors will follow all sexual abuse procedures even if a juvenile has been in our custody numerous times. h. Without fail an Intake Officer will relay the need for assistance to the Supervisor on shift if any barriers (limited reading skills, visual impairment, etc.) are present or perceived in providing the required information to a juvenile in a format that can be understood; 1. The Supervisor will ensure that all juveniles are provided the required sexual abuse information in a format that can be understood. 2. Disabled residents will be provided with an opportunity to have the required information available to them in a format they can comprehend. 3. Residents with limited English proficiency will be provided with an interpreter to go over the required information. 4. A resident will not be used to interpret for another resident the required information.

The facility uses resources designed for residents in formats or through methods that ensure effective communication with juveniles with disabilities, including juveniles who have intellectual disabilities, limited reading skills, or who are blind or have low vision. There are postings throughout the facility in English and Spanish. The facility has a brochure and handbook in both English and Spanish and contained information that provides appropriate explanations regarding PREA to residents based upon their individual needs. During the site review, the auditor reviewed services provided via a language line, tested access to services via the language line to assess whether the phones for accessing the language line work properly. The notice had a program code therefore the resident did not have to enter a self-identified number. If staff recognized a resident was in need of interpretation services, the supervisor and PREA Coordinator would be contacted by staff. (e.g., ability to access immediate interpretation services). Service documentation and the Spanish version of the handbook was reviewed in the binder located in the control room/office.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under 115.364, or the investigation of the resident's allegations reported was zero (0).

Interview Results:

- The thirteen random staff interviewed consistently stated that they would not allow, except in emergency situations, a resident to translate or interpret for another resident in making an allegation of sexual abuse.
- During the site review, there were three residents who had a cognitive disability. The three residents were interviewed and explained staff took the necessary time to fully explain all PREA related material. In fact, all eleven residents stated the intake staff took sufficient time to go over all the intake material when admitted to the facility and thereafter. There were no residents who were limited English proficient, or who were blind, deaf, or hard of hearing.
- Interview with the Facility Manager and PREA Coordinator indicated that if a resident exhibits such a disability, arrangements will be made to provide the necessary and required assistance.
- Intake Staff interviewed indicated that services are required and that they would make the necessary accommodations beginning at the intake and orientation phase and throughout the resident's length of stay. They also acknowledged they would take the necessary time to fully explain all PREA related materials.
- Based on the above listed information, the facility meets the standard and complies with the standard for the relevant review period.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13 • Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse • Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Snake River Juvenile Detention Center, Standard Operating Procedure: Standards of Conduct • Snake River Juvenile Detention Center Background Recheck Chart dated 2022. <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Designee-Facility Manager • Human Resource Director • Administrative Investigator <p>The review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and the Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section D. Prevention. 1. Staff Hiring and Promotion Decisions. a. Criminal background checks and child abuse registry checks will be run for all applicants, contractors and volunteers being considered for employment. b. Applicants, contractors, and volunteers being considered for employment or employees being considered for promotion will be disqualified upon learning of any history of substantiated allegations of sexual abuse in an institutional setting or history of engaging in sexual activity in the community facilitated by force, the threat of force, or coercion. c. Before hiring, any history of criminal activity at work or in the community, including convictions or administrative adjudications for domestic violence, stalking, child abuse and sex offenses will be examined and carefully weighed. d. A qualified investigator will inquire of all applicants being considered for employment about previous misconduct during interviews and the review process. e. All staff and contractors will be subject to criminal background checks and child abuse registry checks every five years after initial employment.</p> <p>Furthermore, the policy and procedures state in J. Discipline. 2. Staff Disciplinary Actions; Idaho Code Section 18-6110 makes it a felony for any officer, employee, or agent of a state, local or private correctional facility to have sexual contact with a prisoner, whether an in-state or out-of-state prisoner, housed in such facility. Any person found guilty of sexual contact with a prisoner is punishable by imprisonment in the state prison for a term not to exceed life. In addition, other Idaho Code sections make it a felony for an adult to engage in sexual activity with juveniles or to solicit a juvenile to engage in sexual activity, including but not limited to Idaho Code 18-1501, 18-1506, 18-1506A, 18-1508, 18-1508A, and 18-6101.1. In section a. Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. b. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. c. All terminations for violations of Departmental sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to Idaho Peace Officers Standards and Training. d. Substantiated allegations of conduct that appears to be criminal will be referred for prosecution. e. Also refer to Twin Falls County Policy 730 – Disciplinary Actions.</p> <p>The Snake River Juvenile Detention Center, Standard Operating Procedure: Standards of Conduct establishes procedures on Standards of Conduct and Performance for the Snake River Juvenile Detention Center employees consistent with the Twin Falls County Policies and the Department of Juvenile Corrections. The Standards of Conduct are in place to promote the well-being of its employees, to maintain high standards of professional conduct and work performance and to provide a work environment that is fair, efficient and above any view of impropriety. Accordingly, this procedure sets forth standards for professional conduct, behavior that is unacceptable and corrective actions that may be imposed to address behavior and employment problems. Standards of conduct also serve to establish a fair and objective process for correcting or treating unacceptable conduct or work performance. A. Standards of Conduct Violations. 1. Any employee who violates any rule, regulation, procedure, order or directive, either by an act of commission or omission is subject to disciplinary action in accordance with the Twin Falls County Personnel Manual. 2. Disciplinary actions up to and including termination, shall be based on the nature of the rule, regulation, procedure, order, or directive violated, the severity and circumstances of the infractions, and the individual’s record of performance and conduct.</p> <p>Also, in section H. Reporting Charges, Arrests, Convictions, Revocation or Suspension of Driver’s License. 1. Staff</p>

members must not engage in any conduct that is criminal in nature or which would bring discredit upon the Snake River Juvenile Detention Center. The employees' conduct must be above reproach. It is expected that employees obey, not only the letter of the law, but also the spirit of the law while engaged in personal or official activities. 2. Should an employee be charged with, arrested for, or convicted of any felony or misdemeanor, that employee must immediately notify the Detention Manager in writing, including all appropriate details. 3. All staff members who receive notice of revocation or suspension of driver's license shall immediately notify the Detention Manager in writing, including all appropriate details.

After interviewing the agency Human Resources Director, Facility Manager, the auditor randomly reviewed ten (10) employees, contractors, and volunteers' names with various hiring dates. The review of records resulted in newly hired employees, volunteers, and contractors had the required documentation indicating that the necessary checks were completed as well as the requirement of criminal background checks were conducted at least every five years for current employees, contractors, and volunteers. The facility PREA Coordinator provided an employee and contractor spreadsheet listing when the initial checks and rechecks were completed. There were a few employees that were in need of a recheck to meet standard subsection e-1. The background checks were completed within the evidence review and report writing phases. The background rechecks were completed at staggered intervals based on the date of hire. The agency and facility have an extensive process in place for newly hired staff, current staff, volunteers, and contractors. Background checks include the Federal system, Central Registry Check, Request for Records Check, criminal history, domestic violence protection order, sex offender check, driver's license.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background checks: 5.
- In the past 12 months, the number of persons promoted who may have contact with residents who have had criminal background checks: 1.
- In the past 12 months, the number of contract for services where criminal background record checks were conducted on all staff covered in the contract that might have contact with residents: 6.

Interview Results:

- The interviews with HR Director, and Facility Director confirmed a hiring process that performs a criminal record background check on newly hired employees, contractors, and volunteers. One (1) interviewed contractors and two (2) volunteers who have contact with residents acknowledged the facility conducted the criminal background and child abuse registry checks.
- Based on the information the facility is compliant of the standard.

115.318	Upgrades to facilities and technologies
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 820 300">Supporting Documents, Interviews and Observations:</p> <ul data-bbox="284 349 1469 577" style="list-style-type: none"> • Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13 • Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse • Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Building Schematic Diagram • Video Surveillance List <p data-bbox="242 607 363 636">Interviews:</p> <ul data-bbox="284 685 659 748" style="list-style-type: none"> • Agency Designee-Facility Manager • Facility PREA Coordinator <p data-bbox="242 777 1477 1037">Review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse required in section D.5. Use of Monitoring Technology. a. Twenty-four (24) video cameras are to be utilized by staff to supplement direct staff supervision and aid in sexual abuse prevention, detection, and response efforts. b. The Manager and the Designated PREA Coordinator will review the monitoring systems in place at least once annually and consider needed improvements to staffing levels and technology if safety deficiencies are found and develop a plan for resolving or eliminating the deficiency or securing such technology if budget allows. c. Juvenile safety and staff monitoring capabilities will be given the utmost consideration when contemplating expansion of the physical facility</p> <p data-bbox="242 1066 1485 1227">The review of the Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) indicates there was substantial expansion or modification since the last PREA audit in 2018. The facility Manager and PREA Coordinator reported within the past year the facility relocated into a former hospital. With new building there was recent updates to the video monitoring system, electronic surveillance system, intercom system, or other monitoring technology.</p> <p data-bbox="242 1256 1485 1352">The Facility Manager and PREA Coordinator advised the Board of Commissioners and considered the effects of changes on its abilities to protect residents from sexual abuse. Furthermore, considerations were given to enhance resident protection from sexual abuse when making updates or installing monitoring technology and video monitoring systems.</p> <p data-bbox="242 1382 1485 1612">There are sixty-two cameras strategically placed throughout the facility to reduce blind spots. The camera system has a retention period up to thirty days and is accessible to the facility Manager, PREA Coordinator and Supervisors. After conducting a camera review with the facility Director and PREA Coordinator, all cameras were in good working order. There appears to be proper video surveillance coverage on the facility property with no blind spots. The review of the video cameras indicates a gray shaded area located over the toilet to allow for privacy when resident perform bodily functions. The facility Director indicated the video surveillance maintenance is provided by a third party and explained the process when there is a need for any repairs.</p> <p data-bbox="242 1641 437 1671">Interview Results:</p> <ul data-bbox="284 1720 1469 1850" style="list-style-type: none"> • Interviews with the Agency Designee-Facility Manager and PREA Coordinator indicated that there was a major expansion since the facility's last PREA audit. • Based on the above listed information, the facility meets the standard and complies with the standard for the relevant review period.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13
- Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse
- Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Draft Memorandum of Understanding between Snake River Juvenile Detention Center and Voices Against Violence dated 2022
- Email correspondence regarding Memorandum of Understanding
- Mental Health Staff License

Interviews:

- Agency Designee- Facility Manager
- Facility PREA Coordinator
- Medical Staff
- Administrative Investigator
- Random Staff
- Random and Targeted Residents
- Victim Advocate
- SAFE/SANE Hospital Nurse Staff

Review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section I. Investigations. f. Administrative investigations: 1. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and 2. Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigate facts and findings. g. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. j. When outside agencies investigate sexual abuse: 1. the facility Administrator will keep abreast of the investigation. 2. the facility Administrator will cooperate with outside investigators. 3. Twin Falls County Sheriff's Department is responsible for investigating (administrative) all sexual abuse allegations at SRJDC. Twin Falls City Police Department conducts criminal investigations that occur in the facility.

The above-mentioned policy and procedures, specifically states in section G. Detection and Response. 4. Supervisor Preliminary Investigation Steps: a. Ensure that the victim, suspect and witness(es) are separated in appropriate housing and that first responder procedures were appropriately completed and documented. b. If a medical emergency exists, ensure that the victim receives prompt medical attention. c. Ensure the scene and all evidence is protected/secured. d. The Supervisor on Shift will notify the Manager or Designee immediately. e. The Supervisor will notify Twin Falls County Medical staff and the Facility Clinician. f. If the preliminary investigation establishes possible violations of criminal statutes, refer the matter to the appropriate law enforcement agency to conduct an investigation. g. CARES (Children at Risk Evaluation Services) will be notified by the investigating agency. h. If the victim is unable or unwilling to name the person engaging in prohibited sexual activity.

The Twin Falls County Prosecuting Attorney's Office and the Twin Falls County Sheriff's office shall ensure that the allegation is investigated in accordance with these standards. All allegations of sexual abuse, including third-party and anonymous reports, shall be immediately referred for criminal prosecution to the Twin Falls County Prosecuting Attorney's Office and the Twin Falls County Sheriff's Department.

Criminal investigations are referred to the Twin Falls City Police Department and the facility relies on the law enforcement agency for evidence collection that maximizes potential for obtaining useable physical evidence. The Police Department uses an evidence protocol and utilizes the local medical center for SAFE/SANE services who adheres to the equivalent of national standards. SRJDC has a coordinated response system in place to address incidents of sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the care and custody of SRJDC.

Forensic examiners and victim advocates can respond on a twenty-four (24) hours, seven (7) days a week basis. There are Sexual Assault Forensic Nurse Examiners (SAFE) that can conduct examinations at one site, St. Luke's Magic Valley Medical Center. The SAFE/SANE lead charge nurse stated forensic medical examinations are offered without financial cost to the victim or victim's family and conducted in a professional and in a confidential manner. When the medical facility is notified of a sexual assault, the medical center and facility contact the local rape crisis center, Voices Against Violence Center for a victim advocate to respond in person to the medical center. The forensic examination is developed for appropriate age residents and the protocol was adapted from or otherwise based on the most recent edition of the DOJ'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.

According to staff at the Voices Against Violence Center, victim advocates provide a wide range of victim centered services such as support services including hospital accompaniment during the forensic examination, in-hospital investigatory interviews, emotion support referral, and determine aftercare services. The auditor received a draft Memorandum of Understanding between Twin Falls Commissioners, SRJDC, and Voices Against Violence Center for victim advocates respond to the local SAFE/SANE hospital. At the present time, there is a verbal agreement for Voices Against Violence provide victim advocate services should residents at SRJDC need such services. Victim advocate services are offered and extended to residents as like the public. To date, the center has not been utilized for victim advocate services.

When a rape crisis center is not available to provide victim advocate services, the facility can provide a qualified staff member from a community-based organization or a qualified agency staff member, there are staff employed by the facility that received education concerning sexual assault and forensic examination issues in general and can stand in as a qualified staff member. The staff members designated as qualified agency/facility staff members are the facility mental health clinician. The designee has been screened for appropriateness to serve the role and have received education concerning sexual assault and forensic examination issues in general.

According to a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number of forensic medical exams conducted and performed by a SANEs/SAFE examiner during the past 12 months reported were zero (0).
- The number of exams performed by a qualified medical practitioner during the past 12 months that occurred at the facility as reported was zero (0).

Interview Results:

- Interviewed Facility Director, random staff, medical and mental health staff were familiar with law enforcement's role with evidence protocol and roles staff would play as first responders. The staff stated they would "make sure the resident victim was stable," preserve the evidence and, if the mental health staff are on site, call on the mental health staff to conduct an assessment. For victims of sexual assault, interviewed staff including medical staff indicated that the facility offers all victims access to forensic medical examinations without financial cost. They also indicated that SANE/SAFE are provided by the local hospital. Furthermore, the facility can provide mental health clinician accompaniment and support to the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed.
- The VAV staff indicated victim advocate services will be available in a case of a sexual abuse at SRJDC and provide their services to residents free and in a confidential manner.
- There were no residents at SRJDC that reported sexual abuse or harassment allegations.
- Facility records indicated twenty-four (24) residents over the past twelve months who disclosed prior sexual victimization in the community was offered the appropriate medical and mental health services. There were no residents who reported sexual abuse and one resident who disclosed prior sexual victimization at screening who was interviewed by the auditor. The resident was offered medical and mental health services which first occurred during the intake process.
- Based on the above listed information, the facility meets the standard and complies with the standard for the relevant review period.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13 • Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse • Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Facility Website <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Designee, Facility Manager • PREA Coordinator • Investigative Staff • Random Staff <p>Review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in Section I. Investigations; 1. Duty to Investigate; 1. The Snake River Juvenile Detention Center investigates all allegations of sexual abuse, including those that are: A. Third-party reports; B. Anonymous reports. 2. All investigations are carried through to completion regardless: A. of whether the alleged abuser or victim remains at the facility or has been transferred to another facility. B. of whether the source of the allegation recants his or her allegation. C. Investigations into allegations of sexual abuse are: 1. Prompt and thorough; 2. Objective; 3. Conducted by investigators who are working toward or have received special training in sexual abuse involving young victims. 4. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. 5. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. 6. Administrative investigations: a. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and b. Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigate facts and findings. 7. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. 8. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. 9. The facility shall retain all written administrative and criminal investigative reports for as long as the alleged abuser is incarcerated or employed by the facility, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention. 10. When outside agencies investigate sexual abuse: A. the facility Administrator will keep abreast of the investigation. B. The facility Administrator will cooperate with outside investigators. C. Twin Falls Police Department is responsible for investigating all sexual abuse allegations at SRJDC.</p> <p>The above-mentioned policy and procedures, specifically states in section G. Detection and Response. 4. Supervisor Preliminary Investigation Steps: a. Ensure that the victim, suspect and witness(es) are separated in appropriate housing and that first responder procedures were appropriately completed and documented. b. If a medical emergency exists, ensure that the victim receives prompt medical attention. c. Ensure the scene and all evidence is protected/secured. d. The Supervisor on Shift will notify the Manager or Designee immediately. e. The Supervisor will notify Twin Falls County Medical staff and the Facility Clinician. f. If the preliminary investigation establishes possible violations of criminal statutes, refer the matter to the appropriate law enforcement agency to conduct an investigation. g. CARES (Children at Risk Evaluation Services) will be notified by the investigating agency. h. If the victim is unable or unwilling to name the person engaging in prohibited sexual activity.</p> <p>The Twin Falls County Prosecuting Attorney's Office and the Twin Falls County Sheriff's office shall ensure that the allegation is investigated in accordance with these standards. All allegations of sexual abuse, including third-party and anonymous reports, shall be immediately referred for criminal prosecution to the Twin Falls County Prosecuting Attorney's Office and the Twin Falls County Sheriff's Department. Criminal investigations are referred to the Twin Falls City Police Department and the facility relies on the law enforcement agency for evidence collection that maximizes potential for obtaining useable physical evidence. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal and</p>

administrative investigations is published on the agency/facility website. The Facility Manager advised that during the current review period there have been no allegations of sexual harassment or sexual abuse.

Per a review of the Pre-Audit Questionnaire, documentation, and confirmation by staff interviews the following has been recorded:

- The number of allegations of sexual abuse and sexual harassment received during the past 12 months was zero (0).
- The number of allegations resulting in an administrative investigation during the past 12 months was zero (0).
- The number of allegations referred for criminal investigation during the past 12 months was zero (0).

Interview Results:

- Thirteen random staff interviews reflected and confirmed their knowledge on the reporting process, referral process, and policy requirements; the staff was to report all allegations to their immediate supervisor and an internal and criminal investigation would occur.
- Specialized staff, based on job duties and responsibilities, knew the agency's procedure that details when and by whom administrative and criminal investigations are conducted in response to an allegation of sexual abuse and sexual harassment.
- Based on the above listed information, the facility meets the standard and complies with the standard for the relevant review period.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13
- Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse
- Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Snake River Juvenile Detention Center PREA and Staff Sexual Misconduct Training Power Point Presentation
- Idaho Statute Title 16, Chapter 16, Child Protective Act- Mandatory
- SRJDC Certificates of Completion, Staff PREA Training

Interviews:

- Agency Designee-Facility Manager
- Facility PREA Coordinator
- Random and Specialized Staff

The Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section C. Training and Education. 1. Employee Training; a. New Employee Orientation is to include the National Institute of Corrections on-line PREA Course titled, "Your Role: Responding to Sexual Abuse" and successfully complete the course test by receiving an 80% or above prior to continuing in the facility orientation process. b. The PREA Coordinator will meet with any individual who does not successfully complete the course in order to resolve any barriers and determine assistance options. 2. All existing staff members will complete the National Institute of Corrections on-line PREA course titled, "Your Role: Responding to Sexual Abuse" on a biennial basis as scheduled. a. All Staff will receive annual PREA classroom training that will include: 1. It's zero tolerance policy for sexual abuse and sexual harassment; 2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; 3. Residents right to be free from sexual abuse and sexual harassment; 4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment: The dynamics of sexual abuse and sexual harassment in juvenile s facilities; The common reactions of juvenile victims of sexual abuse and sexual harassment; 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; How to avoid inappropriate relationships with residents; How to communicate effectively and professionally with resident, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming; and How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; Relevant laws regarding the applicable age of consent. b. All PREA Trainings will be documented and require the staff member's signature acknowledging that they attended and understand the training they have received

The PREA Coordinator provided the auditor with training records of newly hired and staff currently employed staff completed the academy over the twelve-month period. As indicated, the facility trains all employees who have contact with juvenile residents on the eleven (11) different topics required by the PREA Standards. The PREA training shall consist of the training phases as outlined in this standard. On a yearly basis and depending on the need-- based on the outcomes and recommendations of sexual abuse allegations employees are required to attend a yearly PREA Refresher training and sign a training sheet indicating they received the training and understand the training they received. For 2022, all staff have received the required training. The facility uploaded the training PowerPoint training for all employees, volunteers, and contractors. The training curriculum material consists of facility policies and procedures, state statues, facility standard operating procedures, power point presentation on all topics required by the standard 115.331. Employees are also trained on cross gender supervision, cross gender pat down searches, so the additional training is tailored to both genders, as both male and female residents committed to the facility. The twelve random staff interviewed received the PREA training in 2022. The facility PREA Coordinator provided the training/event sign in sheets indicating staff attendance and acknowledged their understanding. Training records are maintained for each staff member.

Per a review of the Pre-Audit Questionnaire, Supporting Documentation, and confirmation by staff interviews the following has been recorded:

- In the past 12 months, the number of staff employed by the facility, who may have contact with residents, who were

trained on the PREA requirements were eighteen (18.)

Interview Results:

- Thirteen random staff as well as the specialized staff interviewed consistently stated that they receive PREA Training in a variety of ways. These include PREA Training as part of the training provided for newly hired during orientation. Additionally, they consistently indicated that they receive the training at the time of hire and as an annual refresher training.
- Based on the above listed information, the facility meets the standard and complies with the standard for the relevant review period.

115.332	Volunteer and contractor training
	<p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 821 300">Supporting Documents, Interviews and Observations:</p> <ul data-bbox="284 349 1476 544" style="list-style-type: none"> • Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13 • Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse • Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Snake River Juvenile Detention Center PREA and Staff Sexual Misconduct Training Power Point Presentation <p data-bbox="242 573 359 602">Interviews:</p> <ul data-bbox="284 651 909 745" style="list-style-type: none"> • Facility Manager • Facility PREA Coordinator • Volunteers and Contractors who have contact with residents <p data-bbox="242 775 1492 1070">A review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section C. Training and Education. 3. Volunteer, Parents and Contractor Training. a. Volunteers and contractors are afforded the same training as staff to ensure proper working knowledge of the PREA standards. b. At a minimum, Facility Orientation for parents, visitors and contractors who have supervised contact with in-custody juveniles shall read the “Zero Tolerance” brochure and sign a PREA acknowledgement form prior to entering the secure portion of the facility. c. All volunteers and contractors who have supervised contact with in-custody juveniles will be required to complete the on-line SRJDC PREA course prior to entering the facility. d. All PREA Trainings will be documented and kept in a binder for easy access.</p> <p data-bbox="242 1099 1460 1160">Per a review of the Pre-Audit Questionnaire, Supporting Documentation, and confirmation by staff interviews the following has been recorded:</p> <ul data-bbox="284 1211 1492 1341" style="list-style-type: none"> • In the past 12 months, the number of contractors, who may have contact with residents, who were trained on the PREA requirements reported were six (6). • In the past 12 months, the number of volunteers, who may have contact with residents, who were trained on the PREA requirements reported were seventeen (17). <p data-bbox="242 1370 438 1400">Interview Results:</p> <ul data-bbox="284 1451 1476 1677" style="list-style-type: none"> • Interviews with one contractor, one local school board educational staff and two (2) volunteers confirmed their knowledge of the required PREA training and the Agency’s zero tolerance of any form of sexual activity at the facility as well as their duty to report sexual abuse or sexual harassment. • Interviews with the Facility Director and PREA Coordinator confirmed that contractors and volunteers receive the required training and provided documentation to verify such. • Based on the above listed information, the facility meets the standard and complies with the standard for the relevant review period.

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13 • Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse • Snake River Juvenile Detention Center, policy number 11.1, Programs-Minimum Policy, revised 3/1/13 • Snake River Juvenile Detention Center, policy number 11.2, Education Program Policy, revised 9/19/13 • Snake River Juvenile Detention Center, policy number 11.2, Recreation Program Policy, revised 9/19/13 • Snake River Juvenile Detention Center, policy number 11.4, Library Services Policy, revised 1/13/04 • Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Snake River Juvenile Detention Center PREA and Staff Sexual Misconduct Training Power Point Presentation • Youth Handbook • Resident Pamphlet • PREA Youth Acknowledgement Statements <p>Interviews:</p> <ul style="list-style-type: none"> • Facility Manager • Facility PREA Coordinator • Intake Staff • Random and specialized residents <p>The review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section C. Training and Education. 6. Juvenile Education During the Intake Process. a. The Intake Officer will verbally inform juveniles in an age-appropriate manner of the facilities zero-tolerance policy regarding sexual abuse and how to report incidents or suspicions of sexual abuse. b. The Intake Officer will provide each juvenile with a Juvenile Handbook and point out where they can find information regarding the facilities sexual abuse policies. c. The Intake Officer will also provide each juvenile with the "Sexual Abuse and Assault Awareness" brochure that is available in English or Spanish and contains information on: 1. a juvenile's right to be free from sexual abuse. 2. a juvenile's right to be free from retaliation for reporting abuse. 3. the dynamics of sexual abuse in confinement. 4. the common reactions of sexual abuse victims. 5. the facilities sexual abuse response policies and procedures. d. All sexual abuse material and education provided to each juvenile will be acknowledged by the juvenile's signature in their juvenile file. e. Shift Supervisors are to ensure that the education has taken place. f. Shift Supervisors are to ensure that the acknowledgement signatures of staff providing the education and the juvenile receiving the education are obtained. g. Detention Officers and Supervisors will follow all sexual abuse procedures even if a juvenile has been in our custody numerous times. h. Without fail an Intake Officer will relay the need for assistance to the Supervisor on shift if any barriers (limited reading skills, visual impairment, etc.) are present or perceived in providing the required information to a juvenile in a format that can be understood: The Supervisor will ensure that all juveniles are provided the required sexual abuse information in a format that can be understood; Disabled residents will be provided with an opportunity to have the required information available to them in a format they can comprehend; Residents with limited English proficiency will be provided with an interpreter to go over the required information; A resident will not be used to interpret for another resident the required information. i. Continuing Juvenile Education; The Designated PREA Coordinator will determine how frequent additional juvenile sexual abuse trainings are warranted and provide such trainings as appropriate for the age and any special needs of the juvenile and record the training in the juvenile's files within 10 days of intake. The agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents; Juveniles will receive additional comprehensive and age-appropriate education through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. Juveniles who receive additional education will sign the Zero Tolerance Class acknowledgment form.</p> <p>On-going resident education is provided one time a week or every seven days to all residents attend if they have not previously received the education information. Resident comprehensive education is provided via video and in-person or in written formats. The facility maintains documentation of resident participation in PREA education sessions. The facility intake staff indicated materials are accessible to all persons confined in the facility who are Deaf or hard-of-hearing, blind or</p>

have low vision, cognitively or functionally disabled, limited English proficient (interpreting services available), non-English speaking, and/or have limited reading skills. Intake staff will ask if any disability applies, or a resident can ask upon request. While on-site, the auditor observed a resident intake and the required educational processes appeared to be compliant based on the resident's needs.

The eleven resident interviews confirmed that the facility provides resident education in formats accessible to all residents, including those who are limited in English proficiency, deaf, visually impaired, disabled, as well as to residents who have limited reading skills. Staff and resident interviews reveal that the facility provides the PREA Education in English and Spanish, to include resident handbooks and posters.

During the site review the auditor observed posting and printed signage throughout the facility in the form of posters and pamphlets. Signage includes audit notices, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information. The signage language was clear, easy to understand, and at an appropriate reading level. Signage was in two written formats, both English and Spanish. Signage was not obscured, unwritten able with graffiti, or missing due to damage or building renovation and located in accessible areas traveled by staff, residents, and members of the public. PREA information is continuously and readily available and observed throughout the facility. The auditor reviewed ten (10) resident files on the agency database and observed resident education material and acknowledgement forms were accurately completed, intake documentation completed within a few hours of admission and the comprehensive age-appropriate educational material completed within day two of resident's length of stay. The facility requires that residents who are transferred from one facility to another receive PREA education regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility procedures for responding to incidents.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number of residents admitted during past 12 months who were given this information at intake and received age-appropriate education reported were three hundred ninety-seven (397).
- Number of residents admitted to the facility the past 12 months whose length of stay in the facility was for 72 hours or more were two hundred twenty-five (225).
- The number of residents admitted during past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake were ninety (90).

Interview Results:

- Intake staff and Facility Director indicated that during orientation residents, to include transfers from other facilities, are educated on the zero-tolerance policy, their right to be free from sexual abuse, harassment, and retaliation, and multiple ways (both inside and outside reporting sources), to report any incidents or suspicion of sexual abuse or sexual harassment. The Intake staff distributes the required paperwork, have residents sign, and acknowledge a receipt informing residents on how to make reports of sexual abuse and sexual harassment.
- Eleven residents interviewed stated that when they first came to this facility, they received information regarding facility rules against sexual abuse and harassment.
- Residents were interviewed using the following statement: "When you came to this facility, were you told about..."
- Your right to not be sexually abused or sexually harassed-- all interviewed residents answered yes.
- How to report sexual abuse or sexual harassment-- all residents answered yes.
- Your right not to be punished for reporting sexual abuse or sexual harassment-- all interviewed residents answered yes.
- The three (3) residents identified with a cognitive disability stated the facility information was clear and understandable and staff took plenty of time to review the material with them.
- Based on the above listed information the facility meets the standard for the relevant review period.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13
- Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse
- Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Snake River Juvenile Detention Center PREA and Staff Sexual Misconduct Training Power Point Presentation
- National Institute for Corrections Specialized Training for Investigators Certificates dated 5/13/22
- Memorandum from the Facility Manager

Interviews:

- Facility Manager
- Facility PREA Coordinator
- Administrative Investigator from outside entity

Review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in Section I. Investigations; 1. Duty to Investigate; 1. The Snake River Juvenile Detention Center investigates all allegations of sexual abuse, including those that are: A. Third-party reports; B. Anonymous reports. 2. All investigations are carried through to completion regardless: A. of whether the alleged abuser or victim remains at the facility or has been transferred to another facility. B. of whether the source of the allegation recants his or her allegation. C. Investigations into allegations of sexual abuse are: 1. Prompt and thorough; 2. Objective; 3. Conducted by investigators who are working toward or have received special training in sexual abuse involving young victims. 4. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. 5. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. 6. Administrative investigations: a. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and b. Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigate facts and findings. 7. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. 8. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. 9. The facility shall retain all written administrative and criminal investigative reports for as long as the alleged abuser is incarcerated or employed by the facility, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention. 10. When outside agencies investigate sexual abuse: A. the facility Administrator will keep abreast of the investigation. B. The facility Administrator will cooperate with outside investigators. C. Twin Falls Police Department is responsible for investigating all sexual abuse allegations at SRJDC.

The Twin Falls County Prosecuting Attorney's Office and the Twin Falls County Sheriff's office shall ensure that the allegation is investigated in accordance with these standards. All allegations of sexual abuse, including third-party and anonymous reports, shall be immediately referred for criminal prosecution to the Twin Falls County Prosecuting Attorney's Office and the Twin Falls County Sheriff's Department. Criminal investigations are referred to the Twin Falls City Police Department and the facility relies on the law enforcement agency for evidence collection that maximizes potential for obtaining useable physical evidence.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number of investigators currently employed who have completed the required training were zero (0). As a best practice, the PREA Coordinator was trained on topics covered in the standard.

Interview Results:

- Interview with the criminal and administrative Investigator from the Twin Falls County Sheriff's Department indicated through his training and expertise is qualified and knowledgeable in the investigatory process. He confirmed that they received at the least the NIC specialized training for investigators. According to the Twin Falls County Prosecutor Attorney's Office representative, indicates allegations are investigated in conjunction with the Sheriff's Department investigated and prosecuted when warranted.
- The Agency Designee-Facility Director and PREA Coordinator confirmed aspects of the investigative process. Based on the above listed information, the facility meets the standard and complies with the standard for the relevant review period.

115.335	Specialized training: Medical and mental health care
	<p data-bbox="240 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 239">Auditor Discussion</p> <p data-bbox="240 271 820 300">Supporting Documents, Interviews and Observations:</p> <ul data-bbox="284 349 1469 611" style="list-style-type: none"> • Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13 • Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse • Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Snake River Juvenile Detention Center PREA and Staff Sexual Misconduct Training Power Point Presentation • Twin Falls County Sheriff's Department PREA Training Log for medical staff • Training Form for mental health staff <p data-bbox="240 640 363 669">Interviews:</p> <ul data-bbox="284 719 539 779" style="list-style-type: none"> • Medical Nurse • Mental Health Clinician <p data-bbox="240 808 1484 1205">The initial review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section C. Training and Education. 2. All existing staff members will complete the National Institute of Corrections on-line PREA course titled, "Your Role: Responding to Sexual Abuse" on a biennial basis as scheduled. a. All Staff will receive annual PREA classroom training on topics stated in standard 115.331. Section 4. Specialized Training: Medical and Mental Health Care; a. The facility shall ensure that all medical and mental health care practitioners providing services in the Snake River Juvenile Detention Center receive training in: how to detect and assess signs of sexual abuse; how to preserve physical evidence; how to respond effectively and professionally to young victims of sexual abuse; how and to whom to report allegations or suspicions of sexual abuse; the facility's PREA policy and procedure. 5. Medical and Mental Health Care Professionals will provide the Snake River Juvenile Detention Center with written documentation of the specialized training listed above. The medical staff at SRJDC do not conduct forensic examinations. Forensic exams are completed at St. Luke's Magic Valley Medical Center.</p> <p data-bbox="240 1234 1369 1263">Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:</p> <ul data-bbox="284 1312 1477 1411" style="list-style-type: none"> • The number and percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy were two (2) staff. One medical nurse and one mental health clinician both part-time. Medical and mental health staff completed the specialized training. <p data-bbox="240 1440 437 1469">Interview Results:</p> <ul data-bbox="284 1518 1490 1744" style="list-style-type: none"> • Interviews with the medical staff and mental health staff confirmed their understanding of the requirement to complete all training including specialized training, verified completing the course and participating in all training phases required by agency policy. • The one medical and mental health staff are trained on why a resident should not take a shower and the necessity to preserve evidence. • Based on the above listed information, the facility meets the standard and complies with the standard for the relevant review period.

115.341 Obtaining information from residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13
- Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse
- Snake River Juvenile Detention Center, policy number 5.2, Admissions, Program Integration dated 9/13/13
- Snake River Juvenile Detention Center, policy number 11.1, Programs-Minimum Policy, revised 3/1/13
- Snake River Juvenile Detention Center, Standard Operating Procedure: Levels of Supervision for At-Risk Juveniles
- Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Facility Progress Note
- MAYSI
- Vulnerability Assessment
- Resident Reception Summary and Youth Acknowledgement
- Random samples of resident Vulnerability Assessments

The review of Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section E. Juvenile Assessment and Placement; 1. Information Gathering by Juvenile Detention Officers: a. Obtaining information occurs during the intake process but also throughout the duration of each juvenile's stay. b. Information assists staff to make professional judgments regarding juvenile placement and whether heightened supervision or additional safety precautions are needed. c. In order to protect all juveniles in the facility from physical and sexual abuse staff will obtain the following information through the assessment tool and conversation: current charges and offense history; juvenile's age; juvenile's level of emotional and cognitive development; juvenile's physical size/stature; appearance of intellectual or developmental disabilities; Is there any specific information about a juvenile that may indicate the need to separate them from other juveniles?; prior sexual victimization; sexual orientation or gender identity; history of engaging in sexual abuse; mental health status; mental or physical disabilities except on an immediate need-to-know basis to meet safety needs.

As noted in policy, information gathered by Juvenile Detention Officers will be placed in the medical file for medical and mental health practitioners to enter into discussions with juveniles for the purpose of gathering more information about their sexual orientation or gender identity, prior sexual victimization, history of engaging in sexual abuse, mental health status, and mental disabilities. Medical and Mental Health practitioners will provide written need-to-know information to be disbursed to all staff solely for the purpose of keeping all juveniles safe and free from sexual abuse. d. The sources Staff will use to ascertain information on in-custody juveniles are: the admitting agency; conversations with the juvenile during the intake process; juvenile responses on the Intake Medical Questionnaire; the drug screen performed as part of the intake process; review of court paperwork in the juvenile's file; facility behavioral records (Incident Reports); previous classification decisions; reasons for previous placement on Supervision Levels; probation officer case notes in the computer system; the Juvenile Masi-2 Self Report; Juvenile Masi-2 answers to questions on Critical cases; parents or guardians; other staff members; other information found in the juvenile's file and juvenile computer system (previous incarcerations, nature of current/past offenses, etc.); the facility mental health and medical professional

Section F, Medical and Mental Health Care Assessment; 1. Facility Qualified Medical or Mental Health Practitioners ascertain the following information during Juvenile Screenings: a. Sexual orientation. b. Gender identity. c. Examination of transgender juveniles to confirm genital status is prohibited unless the genital status is unknown and if necessary is to be performed in private by a medical professional. d. Prior sexual victimization or history of engaging in sexual abuse in the community or in an institutional setting. e. Mental health status. f. Mental disabilities. g. Physical disabilities. 2. The Screening Environment and Approach. a. The medical or mental health practitioner conducts screening conversations in the manner that they deem appropriate for each juvenile: in light of the juvenile's age; taking into account the juvenile's developmental status according to the practitioner's professional judgment; using inclusive language that avoids implicit assumptions about a young person's sexual orientation. b. Information obtained during medical and mental health screenings: is provided to staff on a need to know basis to the extent needed for staff to make housing, bed, program, education and work assignments to provide for the safety of all juveniles and maintain the security of the facility; other than the above safety and security information that is relayed, the information is strictly limited to medical and mental health practitioners. c. When sexual victimization or abusiveness disclosures are made during medical or mental health screenings: verbal contact will be made with Health and Welfare Child Protection; a confidential Incident Report will be filed immediately or prior to the end of the work day and forwarded to the Detention Manager and Health and Welfare Child Protection;

recommendations and referrals will be made to appropriate sources for treatment, based on his or her professional judgment

The Snake River Juvenile Detention Center, policy number 5.2, Admissions, Program Integration. Programs and services are initiated for all juveniles admitted to SRJDC as soon as they are placed into the living unit. Program Integration is a process consisting of the admissions procedure, the orientation procedure, handbook acknowledgement and the adjustment period.

During the adjustment period staff will guide the juvenile's transition into the programs and services provided by the facility by having frequent contact with the juvenile and will determine the level of risk this juvenile presents to the safety and security of the facility. There shall be no routine isolation upon admission. If the adjustment period is longer than twenty-four (24) hours the staff on duty will initiate an Incident Report documenting the need to extend the adjustment period and will contact the Supervisor immediately for consent to extend the adjustment period. Procedures: Booking procedures shall include at least the following: 1. Phone call to the parents giving them information on authorized mail contacts and how to schedule visitation. 2. Property inventoried – any contraband will be confiscated and turned over to proper authorities. 3. Fingerprints and photography in accordance with Title 20 Chapter 5 Idaho Code § 20-516(8). 4. Shower to include lice shampoo if lice or body lice are found or suspected. 5. Medical questionnaire completed, and any non-emergency medical needs reported to facility nurse. 6. Visual inspection for cuts, bruises, abrasions, tattoos and/or scars. 7. Detention clothing assigned. 8. Housing assignment made according to any special needs and the adjustment period begins. 9. Administration of the Massachusetts Youth Screening Instrument (MAYSI) or other approved risk tool.

Review of the Snake River Juvenile Detention Center, Standard Operating Procedure: Levels of Supervision for At-Risk Juveniles states appropriate and precautionary measures will be taken when a juvenile presents at-risk behaviors. The Snake River Juvenile Detention Center will provide a safe environment for potentially self-destructive juveniles by assuring appropriate observation, communication of information, precautionary measures, and supervision. B. Determining Supervision Levels and the Action to be Taken. 1. The criteria under each Supervision Level, for the most part, is based on the answers given by the juvenile in response to the Medical Questionnaire. Compare the juvenile's responses to these questions with each supervision level criteria to determine the appropriate placement. Information obtained from law enforcement, parents and Probation Officers should also be considered. Staff's approach and interaction with the juvenile during the intake process will greatly assist the juvenile to be forthcoming with their Medical Questionnaire responses. 2. Medical Supervision Level 2 or Level 3. a. Upon booking or during the intake process a juvenile may be forthcoming with information regarding a possible injury or sickness. Staff is to notify the Shift Supervisor immediately to determine if a possible Medical Supervision Level placement should occur. In the instance a Medical Supervision Level is put in place the Medical Authority will be contacted and informed of the situation and level placement. An incident report will also be completed. C. Implementation of a Previous Supervision Level. 1. Determine if the juvenile was on a Supervision Level previously by: a. reviewing Incident Reports in the Juvenile File. b. reviewing Incident Reports in the Medical File. 2. Author an Incident Report if Juvenile was Previously on a Supervision Level. a. Implement the highest Previous Supervision Level (if any). b. Note the specific criteria for the previous level. c. Note current responses from the Medical Questionnaire or other information obtained regarding at-risk behavior/characteristics.

Resident file review verified the facility administration meets with the resident within 72 hours of admission. Risk reassessments are documented using the Vulnerability Assessment. Also, at intake, staff review in detail the resident placement summary, complete the youth acknowledgement form, and note details in the resident's file. The reviewed documents contained all information required by the standards. Copies of youth assessments and were also provided by the facility. The facility's policies limit staff access to this information on a "need to know basis." SRJDC ensures that appropriate controls on the dissemination of information obtained through the classification process are in place and that the information is handled with the highest level of confidentiality and is not exploited to the resident's detriment by staff or other residents. This information is contained in resident folders, which are stored in the office and locked and are thus located in a secure area not accessible by other residents and staff.

During the site review, the auditor observed a resident being screened for risk of being sexually abused or sexually abusive in addition to the required PREA resident education material reviewed at intake and orientation. Three intake staff all at the supervisory level was interviewed using the intake and screening protocols. All three staff were very knowledgeable with the facility's intake and screening process. The screening process occurred in a setting that ensures as much privacy as possible given the potentially sensitive information that could be discussed. The specific area within the facility was the designated intake reception area away from the holding area room which takes place out of earshot of other staff and residents who would not otherwise participate in the screening process. While observing the intake and screening process, questions in a manner that fosters comfort and elicits responses. When on-site at SRJDC, the auditor observed the physical storage area of information collected and maintained in hard copy pursuant to the PREA Standards. Information such as risk screening information, medical and mental health records and determined the area as secured in a locked file cabinet and the respected staff office. Electronic safeguards of information collected and maintained on electronic databases were observed while interviewing the intake and screening staff.

Interviews:

- Facility Manager
- Facility PREA Coordinator
- Intake Staff
- Staff that perform Screening for Risk of Victimization and Abusiveness
- Mental Health Staff
- Random Staff
- Random and Targeted Residents

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility was two hundred twenty-five (225).

Interview Results:

- With regards to youth screening questions (115.341 and 342), eleven (11) resident interviewed, all residents interviewed were asked “when first coming to the facility, do you remember being asked questions like whether you have ever been sexually abused, whether you identify with being gay, bisexual, or transgender, whether you have any disabilities, and whether you think you might be in danger of sexual abuse. All interviewed residents remembered being asked the questions at Intake or within two days of admission. No residents at the facility were asked the screening questions on more than one occasion due to no allegations or whose length of stay was near the re-assessment due date.
- There were no residents that were admitted while the auditor was on-site, therefore, the Intake Staff interviewed and asked if they could walk the auditor through the intake process. The Intake staff explaining the process when a resident is admitted to the facility. Intake staff explain to residents on the required information, who to report incidents of sexual abuse, and the rights to be free from sexual abuse and free from retaliation. Record sample indicated intake requirements were met within the twenty-four-hour time frame.
- Screening staff use an instrument to collect information during the risk screening process and affirmatively ask persons confined in the facility about their sexual orientation and gender identity by directly inquiring if they identify as LGBTI (in addition to making a subjective determination about perceived status. Through observing the screening and through interviews, the screening staff use additional sources of information to complete the initial risk screening assessment. Intake staff use resident files in the form of paper and electronically stored records. Intake and screening staff used information obtained pursuant to Standard 115.341 is to reduce the risk of sexual abuse by or upon a resident and determine housing and programming assignments.
- Based on the above listed information, the facility meets the standard for the relevant review period.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13
- Snake River Juvenile Detention Center, policy number 11.1, Programs-Minimum Policy, revised 3/1/13
- Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse
- Snake River Juvenile Detention Center, policy number 6.5, Use of Seclusion Policy, revised 9/13/13
- Life Space Interview Form
- SRJDC Special Management Form
- Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Snake River Juvenile Detention Center Vulnerability Assessment Instrument: Risk of Victimization/Sexually Aggressive Behavior/Overall Risk Assessment
- Life Space Interview Form
- SRJDC Special Management Form
- MAYSI Questionnaire

Interviews:

- Facility Manager
- Facility PREA Coordinator
- Staff who Supervise residents in Isolation
- Staff that perform Screening for Risk of Victimization and Abusiveness
- Mental Health Staff
- Intake Staff
- Medical Staff
- Random Residents
- Transgender/Intersex/Gay/Lesbian/Bisexual Residents
- Residents in Isolation

Review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section E. Juvenile Assessment and Placement. e. Housing and Participation Assignments. Staff will use all known, existing and new information obtained to make deliberate and informed Wing placement, Program participation and Room assignments consistent with the goal of maintaining a safe facility that is free from sexual or physical abuse; Juveniles at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other juveniles safe and only until an alternative means of keeping all juveniles safe can be determined; Lesbian, gay, bisexual, transgender, or intersex juveniles shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status. Nor shall lesbian, gay, bisexual, transgender, or intersex identification or status be considered as an indicator of likelihood of being sexually abusive; Juveniles placed in isolation shall have access to all juvenile rights per policy and procedure. (see Procedure - Administrative Segregation); If a juvenile is placed in isolation pursuant to PREA standard 115.347 an incident report will be completed showing the basis for the facility's concern for the juvenile's safety, reason as to why no alternative means of separation can be arranged and any other pertinent information; The Supervisor on Shift is responsible for overseeing and approving initial housing and participation assignments; The Supervisor on Shift is responsible for overseeing and approving any housing and/or participation assignment changes. f. Dissemination of Information; Juvenile information is disseminated through juvenile file paperwork, staff notes, nurse's notes, Clinician notes, log entries, beginning of shift meetings and private meetings to ensure confidentiality; Juvenile Detention Officers are expected to review log book entries, new juvenile file information and the Incident Report binder at the beginning of each shift; Information obtained during the intake process, log book entries, juvenile files, Incident Reports or provided by Medical and Mental Health Professionals is to be treated with the utmost professionalism to ensure that a juvenile is not negatively impacted by personal information being obtained by those not authorized to receive the information or by in-custody juveniles

The Facility Manager, PREA Coordinator, and Screening Staff confirmed the practice regarding placement of residents in housing, bed, program, education, and work assignments, the SRJDC uses all information obtained pursuant to § 115.341 and subsequently uses the information to make housing, bed, program, education, and work assignments for residents with

the goal of keeping all residents safe and free from sexual abuse. The agency and facility use the Vulnerability Assessment instrument: Risk of Victimization/Sexually Aggressive Behavior/Overall Risk instrument to determine a resident's vulnerability and aggressiveness to sexual abuse.

For housing, bed, program, and programming assignments, the facility supervisors indicated the facility reviews all assessment screenings including the vulnerability assessment and the results indicate planned interventions for the resident and determines what room a resident is placed in on a particular housing unit. Depending on the current population, residents that pose a risk of victimization and abusiveness may be assigned to an observation room where staff properly supervises residents. For short term room changes, the supervisor, and Facility Manager and PREA Coordinator reviews the request and determines the approval of a bed assignment. Once the bed assignment is changed, the supervisor updates the log. While on-site, the auditor verified room and programming assignments indicating residents were properly placed according to the VAI assessment rating using the daily population report. The report is updated when issues are presented and when newly admitted residents are placed at SRJDC.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- In the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation was 0.
- In the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, treatment or special education services was 0.
- In the past 12 months, the average period residents at risk of sexual victimization were held in isolation to protect them from sexual victimization was 0.

Interview Results:

- Interviews with screening staff, supervisors, and Facility Manager indicated that the facility ensures against placing lesbian, gay, bisexual, transgender, or intersex residents in dedicated units or wings solely based on their sexual orientation, genital status, or gender identity. They specified that the facility would house these residents in the general population unless requested by the resident for special housing for safety issues.
- While on-site, there was one (1) gender non-conforming, non-binary resident housed at the facility. When the resident was admitted to the facility, staff promptly asked the resident their own views with respect to his own safety and was given serious consideration. The resident indicated he has been given the opportunity to shower separate from other residents and has not been placed in dedicated unit that would only house residents identifying as transgender, intersex, non-conforming, placement has been on a general resident population living unit.
- Based on the above listed information, the facility meets the standard for the relevant review period.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13
- Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse
- Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Snake River Juvenile Detention Center Youth Handbook
- Snake River Juvenile Detention Center, Standard Operating Procedure: Juvenile Grievance
- Idaho Statute Title 16, Chapter 16, Child Protective Act- Mandatory Reporting

Interviews:

- Facility Manager
- Facility PREA Coordinator
- Random Staff
- Random Residents
- Residents who Report Sexual Abuse

The review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section G. Detection and Response. SRJDC permits third parties, including fellow juveniles, staff members, family members, attorneys, and outside advocates, to assist juveniles in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of the juvenile. If the juvenile declines to have third-party assistance in filing a grievance alleging sexual abuse, an incident report will be written to document the refusal. 1. Avenues for Reporting a. The Snake River Juvenile Detention Center provides the following avenues for juveniles to report sexual abuse easily, privately, and securely: Facility Staff – Victims are encouraged to report prohibited sexual behavior to a staff member. Staff are to accept and immediately document any juvenile reports made verbally, in writing, anonymously, or by third parties and immediately notify the Manager or Designee; Medical Request Forms - forms are easily accessible by juveniles in common areas in the facility to complete and personally place in easily accessible secure lock boxes. (The Manager or Designee and medical staff have the only access key to lock boxes); Facility Clinician - Juveniles may request a meeting with the facility Clinician by placing the request in a sealed envelope for delivery by staff; Juvenile Grievance Forms – procedure includes forms that are easily accessible by juveniles in common areas and easily accessible secure lock boxes for placement of completed forms. (The Manager and the PREA Coordinator have the only access key to secure lock boxes); Emergency Grievance – If a juvenile feels they are subject to a substantial risk of imminent sexual abuse they may file an emergency grievance.

The Detention Manager will review the grievance with-in 48 hours and have a final decision with-in 5 days. Appropriate protective measures will be implemented without unreasonable delay; Consular Officials - juveniles detained for civil immigration purposes shall be provided information on how to contact their consular official and a relevant official at the Department of Homeland Security; Detention Manager – juveniles may fill out a Contact Request form to speak with the Manager; Parents/Legal guardians – parents or legal guardians may file a grievance or appeal, alleging sexual abuse on behalf of the juvenile, regardless if juvenile agrees with the action; Attorney – Upon a juvenile's request staff place phone calls to the juvenile's legal representative and provide confidential phone contact without any barriers; Local and National Abuse Hotlines - Staff will facilitate access for a juvenile to communicate with one of the following organizations upon their request. Outside reporting entities, The National Abuse Hotline, 24-hour Hotline 1-(800)-422-4453 and Voices Against Violence, 24-hour Hotline 733-0100 or toll free 1-(800)-882-3236, P.O.Box 2444, Twin Falls, ID 8331. b. The Snake River Juvenile Detention Center provides the following avenues for staff to report sexual abuse or sexual harassment easily, privately, and securely: submit a written report or verbal report to the Detention Manager; submit a written report or verbal report to the Twin Falls County Human Resources Director. The facility Youth Handbook reminds residents multiple internal and external ways to report privately sexual abuse. Internal methods include tell a staff member, clinician, attorney, and case worker. Two private outside entities include the National Abuse Hotline, and Voices Against Violence, the local rape crisis center.

The auditor contacted several community advocate organizations such as Just Detention International and Voices Against Violence to inquire if that agency or facility had received any information regarding the facility. A check of their records at the four organizations showed no complaints on file regarding the county agency and facility.

Eleven residents indicated they can make a report of sexual abuse using both internal and external methods, specifically, two to three methods such as tell a trusted staff member, third party reporting by telling a parent, attorney, or court officer, call the outside entity number, and the local social services agency. All residents explained they had unlimited and reasonable access to make a telephone call to report sexual abuse either through their attorney or parent and guardian.

The facility uses a wide array of resources to education residents on multiple ways to report sexual abuse and harassment, such as the youth orientation handbook, grievance forms, youth education material, acknowledgement forms, and facility awareness pamphlets. During the tour, posters and notices were observed throughout the facility and are designed with bright colors. They were eye-catching and give the five ways to report sexual abuse and harassments. Posters are placed throughout the facility, to include common and living areas, dining hall, staff offices, intake area, and programming areas. The resident grievance boxes are in several locations such as living units, common areas, and in the multi-purpose room. The auditor tested the grievance process by placing a form in one grievance box. The Facility Director notified the auditor of receiving the notice and was within the required timeline pursuant to the agency policy.

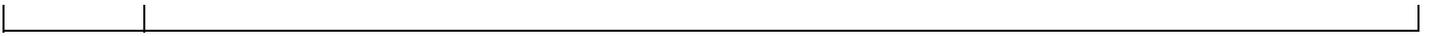
With regards to resident's ability to report sexual abuse in a written format, send and receive mail, accessibility to mail drop boxes is in areas accessible to resident housed on living units including observation rooms and boxes for persons confined in restricted housing. Drop boxes are clearly identified, secured by a lock and key, and access to the boxes are limited to the Facility Director and Supervisor. Residents can report sexual abuse and harassment to a private entity outside of the facility by reporting such incidents to the Voices Against Violence. The notice (in the form of a poster) had the mailing address where residents can report in writing. A test call was completed using the external/private entity number and center staff responded immediately while she also explained the reporting and investigating process when a resident reports sexual abuse and harassment.

When on-site at SRJDC, the auditor observed the physical storage area of information collected and maintained in hard copy pursuant to the PREA Standards. Information such as risk screening information, medical and mental health records and determined the area as secured in a locked file cabinet and the respected staff office. Electronic safeguards of information collected and maintained on electronic databases were observed while interviewing the Facility Director and supervisory staff. The electronic information was password protected on facility owned computer equipment.

The resident's knowledge and understanding of all the ways they can make a report of sexual abuse was evident and emphasized the agency and facilities importance of resident sexual safety and taking significant seriousness to implementing the PREA standards both in policy, procedures, and applying into daily operations. The facility staff has a method to privately report sexual abuse and harassment of residents. They may do so by calling the reporting line for private reporting. Staff must accept and promptly document reports that are made verbally, in writing, anonymously, and from third parties. The agency distributes publicly through the website the e-mail, address, and information on how to report sexual abuse and sexual harassment on behalf of the resident and the policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigations. At the time of hire, staff complete the new hire orientation PREA training and sign the acknowledgment form. On a yearly basis, all staff receives refresher training to include methods to make a private report of sexual abuse or harassment such as calling the reporting line number by completing the yearly training and sign the acknowledgement form indicating they understood the training. Staff members are instructed to keep the reported information confidential and only discuss it with the appropriate officials who have a need to know to perform their duties. Persons who report sexual misconduct will be free from retaliation. Residents can report sexual abuse and harassment to a private entity outside of the facility by reporting such incidents to the reporting line. The notice (in the form of a poster) had the mailing address where residents can report in writing.

Interview Results:

- Interview with the Agency Designee-Facility Manager indicates residents can be detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security and that during the current review period there have been no circumstances where a youth made a verbal report of abuse or harassment to staff that required the report to be documented.
- Eleven (11) residents interviewed confirmed they received information through a numerous sources instructing them how to report any allegations of sexual abuse, sexual harassment, and retaliation.
- The residents gave several ways they could report sexual abuse and harassment; they can report verbally, in writing and through third parties.
- Ten out of eleven residents interviewed stated that they have more than two ways to report such as tell a staff member and call the reporting line.
- Eleven of thirteen random staff interviewed knew of two to three ways both staff and residents could report sexual abuse and harassment. All staff knew they were considered mandatory reporters and if they receive a report of sexual abuse or sexual harassment, they are required by state law to inform their supervisor and report the allegation to the appropriate agencies.
- Based on the above listed information, the facility meets the standard for the relevant review period.



Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13
- Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse
- Snake River Juvenile Detention Center, Standard Operating Procedure: Juvenile Grievance
- Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Snake River Juvenile Detention Center Youth Handbook
- Sample of Grievance Forms, non-sexual related

Interviews:

- Agency Level Designee-Facility Manager
- Facility PREA Coordinator
- Random Staff
- Random Residents
- Residents who Report Sexual Abuse

The review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section G. Detection and Response. SRJDC permits third parties, including fellow juveniles, staff members, family members, attorneys, and outside advocates, to assist juveniles in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of the juvenile. If the juvenile declines to have third-party assistance in filing a grievance alleging sexual abuse, an incident report will be written to document the refusal. 1. Avenues for Reporting. a. Juvenile Grievance Forms – procedure includes forms that are easily accessible by juveniles in common areas and easily accessible secure lock boxes for placement of completed forms. (The Manager and the PREA Coordinator have the only access key to secure lock boxes). 2. Emergency Grievance – If a juvenile feels they are subject to a substantial risk of imminent sexual abuse they may file an emergency grievance. The Detention Manager will review the grievance with-in 48 hours and have a final decision with-in 5 days. Appropriate protective measures will be implemented without unreasonable delay. 3. Detention Manager – juveniles may fill out a Contact Request form to speak with the Manager. 4. Parents/Legal guardians – parents or legal guardians may file a grievance or appeal, alleging sexual abuse on behalf of the juvenile, regardless of whether juvenile agrees with the action.

The Snake River Juvenile Detention Center, Standard Operating Procedure: Juvenile Grievance requires that upon orientation, juveniles at the Snake River Juvenile Detention Center shall be informed of their right to file a grievance whenever he/she believes he/she has been treated unfairly in any procedures, actions, program privileges, or discipline while at the Detention Center. A juvenile may also file a grievance alleging sexual abuse at any time regardless of when the incident occurred. Section A. Informal Resolution. 1. The juvenile should first try to resolve a grievance informally by requesting a meeting with the person most directly involved. If a staff member is the subject of the grievance, said staff shall grant such a request and make every effort to resolve the problem. a. This is probably the most important step in this procedure, as this is the way problems are resolved in society. In this meeting, it will be important to define the problem in specific terms. The staff member should listen as the juvenile expresses what the problem is and why he/she thinks it is unfair. Staff should be ready to give the reason for their behavior and their perspective and explanation of the events and problem. If the grievance can be solved in this manner, staff shall file an Incident Report before the end of the shift, outlining the original problem as presented by the juvenile and staff s assessment of the problem and the agreed upon solutions. b. In the event that the subject of the grievance is alleging sexual abuse, the juvenile will not use the informal resolution process to resolve the incident with staff.

Section 2. Acceptance and Handling of Grievances; a. Grievance forms are available to juveniles in all living areas. Juveniles need not request these from staff. b. Once a grievance is written and presented by a juvenile, it must be processed through the resolution process. No grievance will be considered informally resolved even if the juvenile chooses to withdraw his/her grievance. The choice to withdraw the concern will be considered the resolution and that will be noted on the grievance by the Shift Supervisor. c. No reprisals shall be taken against anyone using or participating in this process. d. Any staff member who conceals, alters or destroys a grievance, or in any way impedes this grievance procedure may be subject to disciplinary action. e. Juveniles should submit Grievance forms to the Shift Supervisor who will make copies and forward to the Detention Manager prior to any action taken. f. If a juvenile cannot gain direct access to the Shift Supervisor,

the senior staff on shift will make the delivery to the Shift Supervisor or Detention Manager before the end of the shift. g. Grievances filed on a matter shall be handled by the Shift Supervisor unless the Shift Supervisor is unavailable, or the grievance involves the Shift Supervisor or is directly addressed to Detention Manager.

Section B. Informal Review. 1. Time Limits. This review shall take place within three working days of the date the grievance is filed. Emergency grievances, however, will be reviewed during the next shift. 2. The Shift Supervisor shall contact the grievant and attempt to solve the grievance informally with the grievant and others involved. 3. If the grievance can be solved informally, the information noting how the grievance was resolved will be written on the form. The original grievance and noted resolution will be placed in the juvenile's file, a copy returned to the grievant, a copy submitted to the Shift Supervisor or Detention Manager. C. Second Level Review. 1. The juvenile may appeal the problem and the solution to the Shift Supervisor and/or the Detention Manager. 2. The Shift Supervisor and/or the Detention Manager shall review the matter within three working days of receiving the review report and submit his/her findings in a written report to the juvenile within three additional working days. The original will be placed in the juvenile's file, a copy will be provided to the Shift Supervisor involved in the Informal Review.

Section D. Grievances Alleging Sexual Abuse. 1. A juvenile may file a grievance alleging sexual abuse at any time regardless of when the incident occurred. 2. A grievance alleging sexual abuse will not be submitted or referred to the staff member who is the subject of the grievance. 3. Emergency grievances will be reviewed with-in 48 hours and a final decision will be made in 5 days. All other grievances alleging sexual abuse will be reviewed with-in three working days with a final decision being made no later than ninety days of the official report. 4. If an extension is required to complete the administrative portion of the report process the juvenile will be notified in writing of the extension. The notification will include the date by which a decision will be made. E. Sanctions for filing groundless or frivolous grievances. 1. Juveniles who file groundless or frivolous grievances are subject to an attitude slash as determined by the Shift Supervisor and/or the Detention Manager. 2. Grievances filed alleging sexual abuse that are determined to be groundless or frivolous will be subject to consequences as determined by the Detention Manager.

The Youth Handbook explains the Grievance Procedure explains "in the event that a resident feels you are in imminent danger or substantial risk from sexual abuse, file an emergency grievance immediately. Emergency Grievances will be reviewed with 48 hours and a final decision will be made within 5 days by the Detention Manager or designee. You may also file a grievance regarding an allegation of sexual abuse at any time regardless of when the incident occurred. The Procedure: 1. You have the right to file a written grievance. Blank grievance forms are located in each day area, each classroom and the kitchen and control. You do not need to ask a staff member to provide one for you, however this process may be delayed until you have gained control of your behavior. You will need to ask staff for a pencil to fill out the grievance and you will be placed in secure visiting if available. It is important to answer all questions on the grievance form. 2. You should place the completed grievance form in one of the grievance form locked boxes located in each day area. You do not need to hand the grievance form to a staff member. 3. The Detention Manager or Designee will obtain any written Grievances from the locked box and deliver to the appropriate Shift Supervisor for an Informal Review. 4. The Shift Supervisor most directly involved will arrange for an Informal Review with all parties involved within three days. 5. The Shift Supervisor will listen to both sides of the problem and try to negotiate a solution. This is not to be a debate or an argument, but a sincere attempt to resolve the problem. If the grievance can be solved in this manner, the Shift Supervisor will place a note directly on the grievance form of how the grievance was resolved. A copy of this form will be given to you if requested. 6. If you do not agree with the resolution, you may appeal the decision or resolution to the Detention Manager. To do this you should fill out a Contact Request Form, stating your request for a Second Level Review. The Detention Manger will review the matter within three working days of receiving this Contact Request Form. The Detention Manger will submit his/her findings in a written report to you within three additional working days.

This Grievance Procedure is in place to protect your rights while you are here in this facility. You should also understand that staff has the responsibility to make sure that all youth under their care are safe and that their rights are protected. This means that in order to create a safe and secure environment for you, the staff provide structure and hold youth accountable for their behavior and for obeying the rules in the Youth Handbook. Youth who file groundless or frivolous grievances are subject to an attitude slash or other sanctions as determined by the Detention Manager. You will be informed of any sanctions in writing by the Detention Manager."

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of grievances filed that alleged sexual abuse reported was zero (0).
- In the past 12 months, the number of grievances alleging sexual abuse that reached a final decision within 90 days after being filed reported was zero (0).
- The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline, reported was zero (0).
- The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months reported was zero (0).
- The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached

final decisions with five days reported was zero (0).

- In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith reported was zero (0).

Interview Results:

- According to the twelve random staff interviews, the facility does not require a resident to use any informal grievance process as it relates to PREA or to attempt to resolve the issue with staff, for an alleged incident of sexual abuse. Random staff interviews confirmed there is a grievance process relating to sexual abuse or sexual harassment complaints at the facility.
- The eleven resident interviews and documentation confirmed there is a grievance process relating to sexual abuse or sexual harassment and a written complaint can be placed in the reporting or grievance boxes. The eleven residents interviewed indicated they have not filed a grievance and know all grievances were handled in a timely manner, and without reprisal or threat of reprisal.
- During the intake and admissions, all residents receive a facility handbook and supplemental information on the grievance process. Residents acknowledge receipt by signing the appropriate form. All residents explained the process in detail and further stated they do not have a need to file a grievance mainly because their needs are being taken care of at the facility.
- Based on the above listed information, the facility meets the standard and complies with the standard for the relevant review period.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13
- Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse
- Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Snake River Juvenile Detention Center Youth Handbook
- Website for Reporting Information
- Resident Handbook
- Reporting posters/signage
- Grievance Form Sample
- Draft Memorandum of Understanding between SRJDC and Voices Against Violence

Interviews:

- Agency Level Designee-Facility Manager
- Facility PREA Coordinator
- Random Staff
- Random Residents
- Residents who Report Sexual Abuse

Review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section G. Detection and Response. SRJDC permits third parties, including fellow juveniles, staff members, family members, attorneys, and outside advocates, to assist juveniles in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of the juvenile. If the juvenile declines to have third-party assistance in filing a grievance alleging sexual abuse, an incident report will be written to document the refusal. 1. Avenues for Reporting. a. Parents/Legal guardians – parents or legal guardians may file a grievance or appeal, alleging sexual abuse on behalf of the juvenile, regardless if juvenile agrees with the action; Attorney – Upon a juvenile's request staff place phone calls to the juvenile's legal representative and provide confidential phone contact without any barriers; Local and National Abuse Hotlines - Staff will facilitate access for a juvenile to communicate with one of the following organizations upon their request. Outside reporting entities, The National Abuse Hotline, 24-hour Hotline 1-(800)-422-4453 and Voices Against Violence, 24-hour Hotline 733-0100 or toll free 1-(800)-882-3236, P.O.Box 2444, Twin Falls, ID 8331. b. The Snake River Juvenile Detention Center provides the following avenues for staff to easily, privately, and securely report sexual abuse or sexual harassment: submit a written report or verbal report to the Detention Manager; submit a written report or verbal report to the Twin Falls County Human Resources Director. The facility Youth Handbook reminds residents multiple internal and external ways to report privately sexual abuse. Internal methods include tell a staff member, clinician, attorney, and case worker. Two private outside entities include the National Abuse Hotline, and Voices Against Violence, the local rape crisis center.

The Youth Handbook explains the Grievance Procedure explains in section, Telephone, Mail, Visitation. A. Telephone Calls. Authorized telephone contacts are parents, legal guardians, grandparents, and siblings. Staff must speak with the parent/guardian/grandparent first before siblings under the age of 18 are allowed to speak with their in-custody brother or sister. If you are distressed or upset after a call, we encourage you to immediately get with a trusted staff member to discuss the call. You will be allowed to place and receive calls on the following days and times. Occasionally, restrictions may apply. These restrictions will be communicated to staff and relayed to you. Phone calls may be restricted by a judge's order, your probation officer, detention manager, a parent or guardian, the Department of Health and Welfare, and the Department of Juvenile Corrections. When phone calls are made or received from your attorney the call will take place in Secure Visiting to ensure confidentiality. For youth being detained solely for civil immigration purposes, they will be provided with relevant Consular official contact information. B. Mail. While in detention you have the right to send and receive mail. Occasionally, restrictions may apply. Privileged Mail: This Mail is defined as any incoming or outgoing written communication between you and your attorney/public defender, any judge or government officials. a. Incoming. Your privileged mail will be delivered to you as soon as possible. You will be asked to open privileged mail in the presence of staff to allow staff to inspect for and retrieve any contraband. (Staples, paperclips, etc.) b. Outgoing- Youth will be asked to seal the envelope in the presence of staff. Make sure your name is on the top left corner of the envelope and it is addressed properly. If you are not sure how to

address the envelope ask staff for help. Envelopes showing drawings, etc. will be returned to you to be re-sealed in a new envelope.

Section C. Visitation. 1. Parental/Guardian/Family. a. You have the opportunity to have two visits a week with family members such as your Parents, Brothers/Sisters 18 or over, Grandparents and Legal Guardians. Aunts, uncles, cousins, and friends are not authorized visitors unless approved by the Detention Manager or designee. 2. b. Your parent/guardian will need to call by the date and time noted above to make arrangements to visit you. Staff is not responsible to contact parents to set up visitations. 3. Special Visits. a. If your parents would like for you to be able to talk to a counselor or clergy they will need to fill out a parental consent form which is available in the detention center lobby. b. Your Probation Officer, Lawyer/Public Defender, Health & Welfare or other court officials may visit you at any time between 7:00 am and 8:00 pm. They may visit you before and after these times with the Detention Manager's approval. c. If you are being transferred to another facility, your parent/legal guardian may request a special visit that may include extended family members if granted permission the Detention Manager will authorize those who may visit. h. If for any reason your Parent/Guardian is unable to connect to the video visit due to technology reasons, they can schedule a phone call visit instead. The phone call visit must be scheduled just like any other visit. Exceptions can be made on a case-by-case basis by the shift supervisor or team lead on visiting day.

When a resident requests emotional support services, the facility contacts the local rape crisis center, Voices Against Violence for a victim advocate to respond in person to the medical center. The resident can call and access the services as well. According to staff at the Voices Against Violence, emotional support services provide a wide range of victim centered services such as support services including hospital accompaniment during the forensic examination, in-hospital investigatory interviews, emotion support referral, and determine aftercare services. The auditor received a draft Memorandum of Understanding between Twin Falls County Commissioners, SRJDC, and Voices Against Violence for emotional support services.

Eleven residents interviewed indicated they can make a report of sexual abuse using both internal and external methods, specifically, two to three methods such as tell a trusted staff member, third party reporting by telling a parent, attorney, or court officer, call the outside entity number, and the local social services agency. Interviewed residents explained they had unlimited and reasonable access to make a telephone call to report sexual abuse either through their attorney or parent and guardian.

The facility uses a wide array of resources to educate residents on emotional support services offered by the Voices Against Violence. During the tour, posters and notices were observed throughout the facility and are designed with bright colors.

They were eye-catching and give the emotional support services. Posters are placed throughout the facility, to include common and living areas, dining hall, staff offices, intake area, and programming areas. The Facility Director notified the auditor of receiving the notice and was within the required timeline pursuant to the agency policy. With regards to resident's ability to access emotional support services by mail, the facility provided mailing address to Voices Against Violence.

Resident can mail letters by directly giving any staff to mail or place in the area where outgoing mail is picked up by supervisory staff. A test call was completed using the external/private entity number and center staff responded immediately while she also explained the process to inquire about emotional support services.

Interview Results:

- Eleven residents interviewed were aware and knew if there were services available outside of the facility for dealing with sexual abuse if they would ever need it. All residents interviewed knew what kinds of services were available for dealing with sexual abuse, and remember received mailing addresses, and understood the information remains private and what is told to or listened to by someone else.
- Throughout their placement, all residents receive information in many formats, the SRJDC pamphlet, English and Spanish versions, Resident Education material.
- Nine out of eleven residents interviewed knew if there were services available outside of the facility for dealing with sexual abuse if they would ever need, knew what kinds of services were available, when they could speak with such services, and what is said remains private. All residents receive information on the local rape crisis and recovery centers related to emotional support services. The auditor was impressed on the resident's overall knowledge on this related topic.
- There were no residents at SRJDC that reported sexual abuse or harassment allegations.
- Based on the above listed information, the facility meets the standard and complies with the standard for the relevant review period.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13

Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse

Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Snake River Juvenile Detention Center Youth Handbook

Zero Tolerance Posters, English and Spanish Versions

Facility Website

Review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section G. Detection and Response. The SRJDC permits third parties, including fellow juveniles, staff members, family members, attorneys, and outside advocates, to assist juveniles in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of the juvenile. If the juvenile declines to have third-party assistance in filing a grievance alleging sexual abuse, an incident report will be written to document the refusal. Number 1. Avenues for Reporting, a. The Snake River Juvenile Detention Center provides the following avenues for juveniles to easily, privately, and securely report sexual abuse: 1. Facility Staff – Victims are encouraged to report prohibited sexual behavior to a staff member. Staff are to accept and immediately document any juvenile reports made verbally, in writing, anonymously, or by third parties and immediately notify the Manager or Designee. 10. Third Party Reporting; a. The following methods may be used by third parties to report institutional sexual abuse on behalf of a juvenile: 1. Verbally to the Detention Manager. 2. Submitting a written report to the Detention Manager. 3. Contacting the Twin Falls County Prosecuting Attorney.

During the site review, the auditor observed posting and printed signage throughout the facility in the form of posters and pamphlets. Signage includes audit notices, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information. The signage language was clear, easy to understand, and at an appropriate reading level. Signage was in two written formats, both English and Spanish. Signage was not obscured, unwritten able with graffiti, or missing due to damage or building renovation and located in accessible areas traveled by staff, residents, and members of the public. PREA information is continuously and readily available and observed throughout the facility. The facility was in the process of upgrading the reporting and information telephone line providing the residents to have greater access to the reporting line located in a private well visible room to report sexual abuse and inquire about outside counseling services. This private room was upgraded and completed during the evidence review period and the PREA Coordinator provided photographs of the signage and telephone in addition to documentation educating residents and training staff on the upgraded telephone reporting telephone line.

The Agency Designee-Facility Manager and PREA Coordinator advised the reporting information is available through the facility website (<https://twinfallscounty.org/juvenile/detention/>). This information along with facility contact information is also shared with residents and parents/guardians during the admission process. Letters are sent with facility and program information to the family to explain the reporting process. The facility distributes information on how to report sexual abuse and sexual harassment on behalf of the residents we serve through a web site that is maintained by the agency. The information provided is the hotline reporting numbers that is used by the facility which is a direct line to the control room and located in a separate and private room with pre-programmed reporting numbers in addition to signage clearly identifying several of the reporting addresses, telephone numbers, and reporting agencies and organizations.

Interviews:

- Agency Designee/Facility Manager
- Facility PREA Coordinator
- Random Staff
- Random Residents

Interview Results:

- Based on resident interviews, their knowledge on third party reporting were satisfactory. Residents and random staff knew how third-party reporting operates and gave at least two examples such as the reporting hotlines, tell a parent, attorneys, or clinician, and aware of information published by the facility.
- Based on the above listed information, the facility meets the standard and complies with the standard for the relevant review period.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13
- Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse
- Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Idaho Statute Title 16, Chapter 16, Child Protective Act- Mandatory
- Snake River Juvenile Detention Center Youth Handbook
- Facility Zero Tolerance and Reporting Posters, English and Spanish versions
- Facility Website
- SRJDC Response Plan

Interviews:

- Agency Designee- Facility Manager
- Facility PREA Coordinator
- Random Staff
- Medical and Mental Health Staff
- Intake Staff

The review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section G. Detection and Response; SRJDC permits third parties, including fellow juveniles, staff members, family members, attorneys, and outside advocates, to assist juveniles in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of the juvenile. If the juvenile declines to have third-party assistance in filing a grievance alleging sexual abuse, an incident report will be written to document the refusal. As stated in 1. Avenues for Reporting. a. The Snake River Juvenile Detention Center provides the following avenues for juveniles to easily, privately, and securely report sexual abuse: 1. Facility Staff – Victims are encouraged to report prohibited sexual behavior to a staff member. Staff are to accept and immediately document any juvenile reports made verbally, in writing, anonymously, or by third parties and immediately notify the Manager or Designee. Stated in number 2. Official Response Following a Juvenile Report. a. Immediate Action will be taken by Staff on the following Juvenile Reports: 1. any knowledge, suspicion, or information received regarding an incident of sexual abuse that occurred at our facility. 2. any knowledge, suspicion, or information received regarding an incident of sexual abuse that occurred in another institutional setting. 3. any knowledge of retaliation against juveniles or staff who reported abuse. 4. any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or retaliation.

As written in section F. Medical and Mental Health Care Assessment. c. When sexual victimization or abusiveness disclosures are made during medical or mental health screenings: 1. verbal contact will be made with Health and Welfare Child Protection. 2. a confidential Incident Report will be filed immediately or prior to the end of the work day and forwarded to the Detention Manager and Health and Welfare Child Protection. 3. recommendations and referrals will be made to appropriate sources for treatment, based on his or her professional judgment.

In the Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse stated in section D. Prevention; 2. Relaying Sexual Abuse Policies and Reporting Options for Juveniles, d. To maintain confidentiality, Staff are not to use another juvenile to translate or interpret when informing a juvenile about our sexual abuse policies or when a juvenile reports abuse.

The SRJDC Response Plan is available for staff reference in paper and database forms located in the staff office. The plan outlines the roles and responsibilities of safety and security staff, first responders, important contact numbers, and an area to document telephone contacts and numbers called during an allegation. Mostly all random staff interviewed validated their knowledge of actions to be taken upon learning that a resident was sexually abused; random staff interviewed had the confidence and knowledge in providing the action steps identified in the policies and procedures.

Interview Results:

- Thirteen random and specialized staff interviewed indicated they are required to report any knowledge, suspicion, or

information regarding an incident of sexual abuse or sexual harassment that occurred at the facility; retaliation against residents or staff who reported the incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

- Random and Specialized staff also are aware of the facility procedure for reporting any information related to a resident sexual abuse allegation.
- Interviewed Medical, Mental Health, and Intake staff indicated that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of the incident. Unless otherwise precluded by Federal, State, or local law, mental health practitioners shall be required to report sexual abuse and to inform residents of the practitioner's duty to report, and the limitations of confidentiality at the initiation of services.
- Medical or mental health staff were notified and recorded the alleged victim refusing medical and mental health services on the above-mentioned form.
- Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13
- Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse
- Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Snake River Juvenile Detention Center Youth Handbook
- Facility Zero Tolerance and Reporting Posters, English and Spanish versions
- Facility First Responder Duties Plan

Interviews:

- Agency Designee- Facility Manager
- Facility PREA Coordinator
- Random Staff

The review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section G. Detection and Response; 2. Official Response Following a Juvenile Report; a. Immediate Action will be taken by Staff on the following Juvenile Reports: 1. any knowledge, suspicion, or information received regarding an incident of sexual abuse that occurred at our facility. 2. any knowledge, suspicion, or information received regarding an incident of sexual abuse that occurred in another institutional setting. 3. any knowledge of retaliation against juveniles or staff who reported abuse. 4. any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or retaliation.

In section 3. Staff First Responder Duties; a. Upon Learning that sexual activity involving physical contact has occurred the First Staff Responder is required to: 1. Separate the alleged victim and abuser. 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. 3. If the abuse occurred within a time period that still allows for the collection of physical evidence (determined by investigating agency), 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. 4. If the abuse occurred within a time period that still allows for the collection of physical evidence (determined by the investigating agency), 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. 5. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. b. Staff First Responder Reporting Duties: 1. Notify the Supervisor on shift immediately of the juvenile report unless the allegation involves the Supervisor then notification is to immediately be made to the Detention Manager and/or the PREA Coordinator. 2. No discretion is to be used in deciding whether to report. 3. Report all sexual abuse or retaliation disclosures, even if the juvenile says it has already been reported. 4. The Snake River Juvenile Detention Center does not tolerate a staff code of silence nor the mishandling or inappropriate sharing of information.

The SRJDC Response Plan, the facility's written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical, and mental health practitioners, investigators, and facility leadership.

The plan spelled out in policy clearly details the duties and responsibilities assigned to all professional and outlines the roles and responsibilities of safety and security staff, first responders, important contact numbers, and an area to document telephone contacts and numbers called during an allegation. The Facility Manager advised that there have been no instances in which a resident was at substantial risk of imminent sexual assault during this review period. All residents interviewed reported they feel safe and, more importantly, sexual safe at this facility and none had ever reported to staff that they were at substantial risk of imminent sexual abuse.

A review of the Pre-Audit Questionnaire and confirmed by random staff interviews:

- In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse reported was zero (0).

If the agency or facility made such determinations in the past 12 months, the average amount of time that passed before

taking action: Immediately. The longest time passed (in hours or days) before taking action: Immediately. The facility PREA Coordinator provided the auditor with a memorandum report indicating an incident occurred with incidental non-sexual contact during a line movement. The report clearly indicated immediately after the incident was made known immediate action was taken by staff to staff both residents involved. After collecting witness statements and reviewing video monitoring, the incident was determined to be a rule violation and deemed not a PREA incident of youth-on-youth sexual abusive contact.

Interview Results:

- Interview with the Facility Director, PREA Coordinator, and Random Staff indicated that when they learn that a resident is subject to a substantial risk of imminent sexual abuse, the facility separates the residents involved, modifies the residents bed assignment, and transfers residents to another living unit based on the safety and security of all residents.
- Based on the above listed information, the facility meets the standard and complies with the standard for the relevant review period

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13
- Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse
- Snake River Juvenile Detention Center, Standard Operating Procedure: Initial Phone Calls
- Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Snake River Juvenile Detention Center Youth Handbook
- Facility Zero Tolerance and Reporting Posters, English and Spanish versions

Interviews:

- Agency Designee-Facility Manager
- Facility PREA Coordinator
- Random Staff

The review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section G. Detection and Response. 7. Report received that a Juvenile was Sexually Abused at another Facility. a. The Staff Member Receiving such a Report will: 1. immediately verbally notify the Supervisor on Shift. 2. verbally notify the Manager immediately. 3. author an Incident Report and place in the Manager's Door File immediately or prior to the end of shift. (Do not place a copy in the Control Binder). b. The Detention Manager will: 1. notify the Department Head of the alleged facility in writing within 72 hours where the abuse allegedly occurred and notify the investigative agency. 2. request that the head of the facility where the alleged abuse occurred ensure that the allegation is investigated. 3. In a case where the Detention Manager receives an allegation of sexual abuse from an outside facility regarding a previously housed juvenile, the Detention Manager will follow all investigative measures with-in PREA standards.

The Facility Manager and PREA Coordinator advised they had one instance of where a resident was confined at another facility making an accusation of abuse upon arrival at the facility. The juvenile detention officer received the report, filed a Child Protective Notification with the Idaho Department of Health and Welfare. The Department contracted law enforcement where the facility was located, and the investigation started by law enforcement. The PREA Coordinator contacted law enforcement two days later. The resident was interviewed by Idaho Department of Health and Welfare and law enforcement. The Facility Manager made contact with the facility head of the facility where the allegation was disclosed within the timeframe.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was 1.
- During the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was 0.

Interview Results:

- Interviews with the Agency Designee- Facility Manager, PREA Coordinator, and Random Staff indicated that when and if the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment involving staff occurred at their facility, they will put that staff on no-contact. If it involves a resident, they will monitor that resident until investigation is completed.
- Based on the above listed information, the facility meets the standard and complies with the standard for the relevant review period.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13
- Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse
- Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Snake River Juvenile Detention Center Youth Handbook
- Facility Zero Tolerance and Reporting Posters, English and Spanish versions
- SRJDC Response Plan

Interviews:

- Facility Manager
- Facility PREA Coordinator
- Medical and Mental Health Staff
- Non-Security and Security Staff First Responders
- Random Staff
- Volunteers/Contractors

The review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section G. Detection and Response. 3. Staff First Responder Duties. a. Upon Learning that sexual activity involving physical contact has occurred the First Staff Responder is required to: 1. Separate the alleged victim and abuser. 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. 3. If the abuse occurred within a time period that still allows for the collection of physical evidence (determined by investigating agency), 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. 4. If the abuse occurred within a time period that still allows for the collection of physical evidence (determined by the investigating agency), 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. 5. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. b. Staff First Responder Reporting Duties: 1. Notify the Supervisor on shift immediately of the juvenile report unless the allegation involves the Supervisor then notification is to immediately be made to the Detention Manager and/or the PREA Coordinator. 2. No discretion is to be used in deciding whether to report. 3. Report all sexual abuse or retaliation disclosures, even if the juvenile says it has already been reported. 4. The Snake River Juvenile Detention Center does not tolerate a staff code of silence nor the mishandling or inappropriate sharing of information.

The SRJDC First Responder Duties are available for staff reference in paper and database forms located in the control room. The plan outlines the roles and responsibilities of safety and security staff, first responders, important contact numbers, and an area to document telephone contacts and numbers called during an allegation. Twelve out of thirteen random staff interviews validated their knowledge of actions to be taken upon learning that a resident was sexually abused; random staff interviewed had the confidence and knowledge in providing the action steps identified in the policies and procedures.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of allegations that a resident was sexually abused: one (1), of sexual harassment was zero (0).
- Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: zero (0).
- In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: zero (0).
- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: zero (0).

- Of these allegations in the past twelve months, the number of times the first security staff member requested that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: zero (0).
- Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: zero (0).
- Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: zero (0).
- Of those allegations responded to first by a non-security staff member, the number of times that staff member: zero (0).
- Requested that the alleged victim not take any actions that could destroy physical evidence.
- Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: zero (0).

Interview Results:

- Eleven out of thirteen random staff interviewed could confidently indicate the action steps identified in the policies and procedures and were very knowledgeable of their responsibilities and duties as first responders. The one contractor, medical staff and two volunteers interviewed were aware of their non-security related duties and actions steps to immediately inform security staff providing direct supervision of residents.
- Based on the above listed information, the facility meets the standard and complies with the standard for the relevant review period.

115.365	Coordinated response
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 820 300">Supporting Documents, Interviews and Observations:</p> <ul data-bbox="284 349 1469 544" style="list-style-type: none"> • Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13 • Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse • Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Response Plan <p data-bbox="242 573 363 602">Interviews:</p> <ul data-bbox="284 651 571 745" style="list-style-type: none"> • Facility Manager • Facility PREA Coordinator • Random Staff <p data-bbox="242 775 1490 1104">The review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section 8. Coordinated Response; a. Coordinated efforts among staff and agencies in response to an incident of sexual abuse ensures that victims receive all necessary immediate and ongoing medical, mental health and support services and that investigators are able to obtain usable evidence to substantiate allegations and hold perpetrators accountable b. A minimum of one meeting annually will be scheduled by the Detention Manager for the purpose of planning coordinated actions when an incident of sexual abuse is reported. c. The Coordinated First Responder Team when organized, will include the following key responders: 1. Detention Manager. 2. Designated Facility PREA Coordinator. 3. Facility Clinician. 4. Twin Falls County Registered Nurse. 5. Twin Falls County Sheriff's Department Investigator. 6. Department of Health and Welfare, Child Protection. 7. Outside Law Enforcement Investigator</p> <p data-bbox="242 1133 1449 1294">The facility response plan is the facility's written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical, and mental health practitioners, investigators, and facility leadership. The plan details the duties and responsibilities assigned to all professional and outlines the roles and responsibilities of safety and security staff, first responders, important contact numbers, and an area to document telephone contacts and numbers called during an allegation.</p> <p data-bbox="242 1323 437 1352">Interview Results:</p> <ul data-bbox="284 1402 1469 1664" style="list-style-type: none"> • Interviews with the Facility Manager, PREA Coordinator, and random staff indicated the facility has a system in place providing the staff with clear actions to be taken by each discipline for accessing, contacting administrative staff, medical and mental health staff, and contacting law enforcement, victim advocate services, and several other individuals. • Eleven out of thirteen random staff interviewed knew where the coordinated response plan was in designated areas which were strategically placed throughout the facility. • Based on the above listed information, the facility meets the standard and complies with the standard for the relevant review period.

115.366	<p>Preservation of ability to protect residents from contact with abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Idaho Statutes, Laws and Rules, Idaho statute, Title 44, Labor Chapter 20, Right to Work # 44-2001 • Idaho Statutes, Laws and Rules, Idaho statute, Title 44, Labor Chapter 7, Injunctive Relief in Labor Disputes <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Designee-Facility Manager • PREA Coordinator <p>After review of the Idaho Statutes, Laws and Rules, Idaho statute, Title 44, Labor Chapter 20, Right to Work, adopted in 1985 and updated in 2001 and Idaho Statutes, Laws and Rules, Idaho statute, Title 44, Labor Chapter 7, Injunctive Relief in Labor Disputes states a declaration of public policy reads, It is hereby declared to be the public policy of the state of Idaho, in order to maximize individual freedom of choice in the pursuit of employment and to encourage an employment climate conducive to economic growth, that the right to work shall not be subject to undue restraint or coercion. The right to work shall not be infringed or restricted in any way based on membership in, affiliation with, or financial support of a labor organization or on refusal to join, affiliate with, or financially or otherwise support a labor organization. The Agency Designee-Facility Manager explained that Idaho is a right to work state and is not involved in collective bargaining nor does the agency have any union representation for its employees.</p> <p>Interview Results:</p> <ul style="list-style-type: none"> • According to the Agency level designee- Facility Manager and PREA Coordinator indicated there is nothing that limits the agency's ability to remove staff who are alleged sexual abusers from contact with juveniles pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. Furthermore, the conduct of the disciplinary process is not affected, and investigation information will not be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated. Finally, Idaho is a right to work state and does not have any union representation for its juvenile facility employees. • Based on the above listed information, the facility meets the standard and complies with the standard for the relevant review period.
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Supporting Documents, Interviews and Observations:

- Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13
- Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse
- Snake River Juvenile Detention Center, Standard Operating Procedure: Initial Phone Calls
- Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Interviews:

- Agency Designee, Facility Manager
- Facility PREA Coordinator

A review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse, requires in section G. Detection and Response. 9. Agency Protection Against Retaliation; a. The following are protective measures that assist juveniles and/or staff who report sexual abuse: 1. Juvenile Wing or room changes. 2. Juvenile victim or abuser transfers to other facilities. 3. Removal of alleged staff or juvenile abusers from contact with victims. 4. Employee Assistance Program (EAP) services or other resources for staff who may need psychological or emotional support. 5. In accordance with Twin Falls County policy, reasonable steps will be taken to protect an employee against retaliation in any manner for filing a harassment charge or initiating an harassment complaint, testifying in an investigation, providing information or assisting in an investigation. 6. Monitoring of conduct and/or treatment of juveniles or staff who have reported sexual abuse or cooperated with investigations, including any juvenile disciplinary reports, housing assignments or participation changes for at least 90 days following their report or cooperation that may indicate possible retaliation by juveniles or staff. 7. Discussing any changes identified with the juvenile as part of the facility's efforts to determine if retaliation is taking place and taking immediate steps to protect the juvenile. 8. The facility's obligation to monitor retaliation will terminate if the allegation is unfounded.

The facility PREA Coordinator is designated to monitor for retaliation as described in standard § 115.367. For at least 90 days following a report of sexual abuse or sexual harassment, the Facility PREA Coordinator shall monitor the conduct or treatment of juveniles or staff who reported sexual abuse. If someone other than the alleged victim reported abuse, the Facility PCMs shall monitor the juveniles who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by juveniles or staff and shall act promptly to remedy any such retaliation. If retaliation against staff by other staff is suspected, the Facility PREA Coordinator shall communicate findings to the Facility Manager.

In order to monitor retaliation related to the case of juveniles, such monitoring shall include: periodic status checks with the staff and/or juvenile, a review of any incident reports accumulated by the juvenile, a review of any sanctions against the juvenile, any housing, or program changes, or negative performance reviews or reassignments of staff. Monitoring efforts shall be documented by the facility PREA Coordinator. The facility PREA Coordinator shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. If any other individual who cooperates with an investigation expresses a fear of retaliation, SRJDC shall take appropriate measures to protect that individual against retaliation.

Retaliation monitoring occurs in increments until at least 90 days following a report of sexual abuse and is documented on the designated form and placed in the resident's file.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- The number of times an incident of retaliation occurred in the past 12 months was zero (0).

Interview Results:

- Interviews with the Agency Designee; Facility Manager and facility PREA Coordinator indicated in cases of sexual abuse allegations, monitoring for retaliation begins immediately following a report and continues for a period of 90 days.
- There were zero residents who reported staff sexual harassment during the past twelve months which resulted in no reports of retaliation.
- Based on the above listed information, the facility meets the standard and complies with the standard for the relevant review period.

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

Supporting Documents, Interviews and Observations:

- Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13
- Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse
- Snake River Juvenile Detention Center, Standard Operating Procedure: Administrative Isolation
- Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

In review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse, requires in Section E. Juvenile Assessment and Placement, 1 e. Housing and Participation Assignments; 1. Staff will use all known, existing, and new information obtained to make deliberate and informed Wing placement, Program participation and Room assignments consistent with the goal of maintaining a safe facility that is free from sexual or physical abuse. 2. Juveniles at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other juveniles safe and only until an alternative means of keeping all juveniles safe can be determined. 3. Lesbian, gay, bisexual, transgender, or intersex juveniles shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status. Nor shall lesbian, gay, bisexual, transgender, or intersex identification or status be considered as an indicator of likelihood of being sexually abusive. 4. Juveniles placed in isolation shall have access to all juvenile rights per policy and procedure. (see Procedure - Administrative Segregation). If a juvenile is placed in isolation pursuant to PREA standard 115.368 an incident report will be completed showing the basis for the facility's concern for the juvenile's safety, reason as to why no alternative means of separation can be arranged and any other pertinent information. 1. The Supervisor on Shift is responsible for overseeing and approving initial housing and participation assignments. 2. The Supervisor on Shift is responsible for overseeing and approving any housing and/or participation assignment changes. Review of the Snake River Juvenile Detention Center Procedure: Administrative Segregation; requires in section C. Long-Term Segregation Review; 1. If a juvenile continues to present a significant risk the Detention Administrator will review the segregation and/or Special Management Program every fourteen days.

Interviews:

- Agency Designee- Facility Manager
- Facility PREA Coordinator
- Medical and Mental Health Staff
- Random Staff

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: zero (0).
- The number of residents who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: zero (0).
- The average period residents who allege to have suffered sexual abuse held in isolation to protect them from sexual victimization in the past 12 months: zero (0).

Interview Results:

- Interviews with the Agency Designee- Facility Manager and facility PREA Coordinator indicated that when and if the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment involving staff occurred at their facility, they will put that staff on no-contact. If the allegation involves a resident, staff will monitor and document until investigation is completed.
- Specialized and random staff indicated that the alleged abuser would be moved to another room or another facility. Random residents and all staff interviewed stated they do not have any forms of isolation or segregated housing at the facility.
- Based on the above listed information, the facility meets the standard and complies with the standard for the relevant review period.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13
- Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse
- Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section G. Detection and Response Supervisor Preliminary Investigation Steps: As noted in policy, the Supervisor performing the preliminary investigation will need to make decisions, give directives and provide information to others; however, limit divulging any information of the alleged sexual abuse incident to those who have a legitimate need to know for purposes of juvenile treatment, incident investigation, and other safety/security and juvenile management issues.

In section I. Investigations; 1. Duty to Investigate; 1. The Snake River Juvenile Detention Center investigates all allegations of sexual abuse, including those that are: A. Third-party reports; B. Anonymous reports. 2. All investigations are carried through to completion regardless: A. of whether the alleged abuser or victim remains at the facility or has been transferred to another facility. B. of whether the source of the allegation recants his or her allegation. C. Investigations into allegations of sexual abuse are: 1. Prompt and thorough; 2. Objective; 3. Conducted by investigators who are working toward or have received special training in sexual abuse involving young victims. 4. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. 5. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. 6. Administrative investigations: a. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and b. Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigate facts and findings. 7. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. 8. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. 9. The facility shall retain all written administrative and criminal investigative reports for as long as the alleged abuser is incarcerated or employed by the facility, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention. 10. When outside agencies investigate sexual abuse: A. the facility Administrator will keep abreast of the investigation. B. The facility Administrator will cooperate with outside investigators. C. Twin Falls Police Department is responsible for investigating all sexual abuse allegations at SRJDC.

When on-site at SRJDC, the auditor observed the physical storage area of information collected and maintained in hard copy pursuant to the PREA Standards. Information such as risk screening information, medical and mental health records and determined the area as secured in a locked file cabinet and the respected staff office. Electronic safeguards of information collected and maintained on electronic databases were observed while interviewing the Facility Manager and Administrative Assistant. The electronic information was password protected on facility owned computer equipment.

Interviews:

- Agency Designee, Facility Manager
- Administrative and Criminal Investigator from external entity
- County Prosecutor's Attorney
- Residents who Report Sexual Abuse

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- The number of substantiated allegations of conduct that appears to be criminal that were referred for prosecution since the last PREA audit was 0.
- There have been no reported investigations that appeared to be criminal and referred for prosecution according to

state law of alleged facility staff or resident's inappropriate sexual behavior in the facility in the past twelve (12) months.

Interview Results:

- Interviews with the Agency Designee-Facility Manager, Investigative staff from external administrative and criminal investigative entity, and County Prosecutor indicated when a sexual abuse allegation occurs the agency investigators are notified and begin the investigation. When an outside agency investigates allegations of sexual abuse the agency remains informed of the progress of the sexual abuse investigation by maintaining contact with the assigned agency investigator, state and local law enforcement agencies, and the prosecutor's office.
- The interview with the external investigator who conduct administrative investigations into allegations of sexual abuse and sexual harassment, they do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The investigator indicated he and fellow investigators completed the training requirements in 115.331 and .334 through their law enforcement academy. He further stated, investigators described that direct and circumstantial evidence gather in an investigation of an incident of sexual abuse consisted of collecting physical and DNA evidence, electronic monitoring data, interviews, and prior complaints and reports of sexual abuse.
- The one (1) external investigator and Prosecutor's attorney interviewed indicated that the outside agency that investigates criminal sexual abuse keeps the facility informed of the progress of the investigation thru emails and the release of the final investigation report, when evidence is discovered that a prosecutable crime may have taken place; it is turned in for review then the prosecutor is consulted. According to the investigator, cases for prosecution are referred when there are substantiated allegations of conduct that appear to be criminal. The investigator indicated when a staff alleged to have committed sexual abuse terminates employment prior to a completed investigation into the conduct; the investigator continues the investigation until completion and all investigations are documented. The documentation includes descriptions of physical, testimonial, and documentary evidence, as well as attached copies of documentary evidence.
- When interviewed, the Agency Designee-Facility Manger, Investigative staff from external investigative entity, and County Prosecutor's Attorney were knowledgeable with the standard related to administrative or criminal investigations.
- Based on the above listed information, the auditor determination is the facility meets the standard for the relevant review period.

115.372	Evidentiary standard for administrative investigations
	<p data-bbox="240 145 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 239">Auditor Discussion</p> <p data-bbox="240 271 820 300">Supporting Documents, Interviews and Observations:</p> <ul data-bbox="284 349 1469 546" style="list-style-type: none"> • Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13 • Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse • Snake River Juvenile Detention Center, Standard Operating Procedure: Initial Phone Calls • Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p data-bbox="240 573 363 602">Interviews:</p> <ul data-bbox="284 651 794 781" style="list-style-type: none"> • Agency Designee- Facility Manager • Criminal and Administrative External Investigator • County Prosecutor's Office Attorney • PREA Coordinator <p data-bbox="240 808 1490 1238">The review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section I. 6. Administrative investigations: a. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and b. Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigate facts and findings. 7. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. 8. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. 9. The facility shall retain all written administrative and criminal investigative reports for as long as the alleged abuser is incarcerated or employed by the facility, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention. 10. When outside agencies investigate sexual abuse: A. the facility Administrator will keep abreast of the investigation. B. The facility Administrator will cooperate with outside investigators. C. Twin Falls Police Department is responsible for investigating all sexual abuse allegations at SRJDC.</p> <p data-bbox="240 1265 440 1294">Interview Results:</p> <ul data-bbox="284 1344 1469 1576" style="list-style-type: none"> • Interviews with the Agency Designee-Facility Manager, Investigative staff from external administrative and criminal investigative entity, and County Prosecutor Administrative Investigator confirmed that the facility does not conduct administrative or criminal investigations and the external investigative entity determines evidentiary standard of proof of the preponderance of the evidence (51 % of the evidence). When there is evidence that a prosecutable crime has taken place, the Facility Manager consults with the external investigative agency and prosecutors before conducting compelled interviews. • The agency and facility meet the Standard and complies for the relevant rating period.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13
- Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse
- Snake River Juvenile Detention Center, Standard Operating Procedure: Initial Phone Calls
- Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Investigative Outcome to Resident template form

Review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section I. Investigation; 1. Reporting to residents a. Any resident who makes an allegation that he or she suffered sexual abuse will be informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. b. SRJDC will request all relevant information from the investigating entity in order to inform the resident as to the outcome of the investigation. c. If a resident's allegation that a staff member committed sexual abuse against the resident, SRJDC will inform the resident as to the situation with the alleged staff member whenever: (The information will only be given to the resident unless the allegation is unfounded); 1. The staff member is no longer posted within the resident's unit. 2. The staff member is no longer employed at the facility. 3. SRJDC learns that the staff member has been indicted on a charge related to sexual abuse within the facility. d. SRJDC learns that the staff member has been convicted on a charge related to sexual abuse within the facility. 1. If a resident's allegation is that he or she has been sexually abused by another resident in the facility, SRJDC will subsequently inform the alleged victim whenever: a. The agency has learned that the alleged abuser has been indicted on a charge related to sexual abuse within the facility. b. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

All notifications or attempted notifications shall be documented in the resident's file. The Facility Manager indicated the local county Sheriff's Office, the local law enforcement agency conducts administrative and criminal investigations of sexual abuse. In cases of sexual abuse or harassment allegations, the Facility Manager completes the initial incident report with all relevant details to include witness statements, video review, and HR consultation then forwards the report to the external investigative and criminal entity and Prosecutor Attorney's office for continued investigations. The PREA Coordinator also explained there were not incidents of sexual abuse or harassment at the facility during the review period.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- The number of criminal and/or administrative investigations of alleged resident sexual abuse/sexual harassment that were completed by the agency/facility in the past 12 months were zero (0).
- Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation was zero (0).
- The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was zero (0). The outside agency who conducts administrative and criminal investigations are the Twin Falls Police Department and county Prosecutor Attorney's office.
- Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was zero (0).
- In the past 12 months, the number of notifications to residents that were provided pursuant to this standard were zero (0).

Interview Results:

- Interviews with the Facility Manager, the facility PREA Coordinator, and Administrative Investigator indicated that the program notifies residents- who make an allegation of sexual abuse- verbally and in writing who when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.
- The facility meets the Standard and is compliant for the relevant rating period.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13
- Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse
- Idaho State Statute Title 18, Crimes and Punishments, Chapter 61
- Twin Falls County Disciplinary Policy 730- Disciplinary Actions
- Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Interviews:

- Facility Manager
- PREA Coordinator
- Human Resource Manager
- Administrative Investigator
- Prosecutor Attorney's Office Attorney

Review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section J. Discipline. 2. Staff Disciplinary Actions; Idaho Code Section 18-6110 makes it a felony for any officer, employee, or agent of a state, local or private correctional facility to have sexual contact with a prisoner, whether an in-state or out-of-state prisoner, housed in such facility. Any person found guilty of sexual contact with a prisoner is punishable by imprisonment in the state prison for a term not to exceed life. In addition, other Idaho Code sections make it a felony for an adult to engage in sexual activity with juveniles or to solicit a juvenile to engage in sexual activity, including but not limited to Idaho Code 18-1501, 18-1506, 18-1506A, 18-1508, 18-1508A, and 18-6101.1.

In section J. Discipline; a. Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. b. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. c. All terminations for violations of Departmental sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to Idaho Peace Officers Standards and Training. d. Substantiated allegations of conduct that appears to be criminal will be referred for prosecution. e. Also refer to Twin Falls County Policy 730 – Disciplinary Actions.

The Twin Falls County Policy 730, Disciplinary Actions, requires that employees must recognize that public employees are subject to additional public scrutiny because public service requires the utmost integrity and care. Violations of law, and/or any of the rules set forth by the County, to include policies in this manual and any departmental policies, shall be grounds for disciplinary action, up to and including termination. However, these policies are not all inclusive, and disciplinary action may be taken for misconduct or other actions not specifically addressed in policy. Section 730-02 has written examples of standards of conduct for which any employee may be dismissed (terminated), suspended without pay, demoted, placed on probation, or otherwise disciplined are listed below by way of illustration and not limitation. 1. Failure to perform the duties and carry out the obligations imposed by the State Constitution, State Statutes, County Ordinances, or rules & regulations of his or her department. 2. Violations of County policy, ordinances or rules, administrative regulations or departmental or divisional rules. 6. Failure to adhere to the County's policies regarding Code of Ethics and Conflicts of Interest, as well as any code of ethics related to their profession. 35. Refusal to testify in a properly authorized inquiry or investigation, except where such refusal is based upon the constitutionally recognized grounds of self-incrimination. 36. Premature notice to persons suspected of misconduct and/or disclosure of suspected misconduct to others not involved in the investigation of misconduct.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies was zero (0).
- In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was zero (0).
- In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation

of agency sexual abuse or sexual harassment policies reported was zero (0).

- In the past 12 months, the number of staff from the facility who have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies reported was zero (0).
- The Facility Manager and PREA Coordinator advised that there have been no incidents of terminations, resignations, or sanctions of staff for violations of sexual abuse or harassment policies during this review period.

Interview Results:

- Interviews with the Facility Manager, PREA Coordinator, Human Resources Manager, Investigator, and Prosecutor Attorney validated knowledge of the reporting process is consistent with agency policies and procedures.
- Based on the above information, the facility meets the standard and complies with the standard for the relevant review period.

115.377

Corrective action for contractors and volunteers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13
- Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse
- Snake River Juvenile Detention Center, Standard Operating Procedure: Initial Phone Calls
- Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Interviews:

- Agency Designee/Facility Manager
- Administrative Investigator
- Facility PREA Coordinator
- Human Resource Director
- Volunteers and Contractors
- Twin Falls Police Department Investigator
- Prosecutor Attorney's Office attorney

Review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section D. Prevention, 4. Staff Hiring and Promotion Decisions, a. Criminal background checks and child abuse registry checks will be run for all applicants, contractors and volunteers being considered for employment. b. Applicants, contractors and volunteers being considered for employment or employees being considered for promotion will be disqualified upon learning of any history of substantiated allegations of sexual abuse in an institutional setting or history of engaging in sexual activity in the community facilitated by force, the threat of force, or coercion. c. Before hiring, any history of criminal activity at work or in the community, including convictions or administrative adjudications for domestic violence, stalking, child abuse and sex offenses will be examined and carefully weighed. d. A qualified investigator will inquire of all applicants being considered for employment about previous misconduct during interviews and the review process. e. All staff and contractors will be subject to criminal background checks and child abuse registry checks every five years after initial employment. In section J. Discipline; 3. Contractor and Volunteer Disciplinary Actions. a. Any contractor/volunteer who engages in sexual abuse will be reported to law enforcement agencies. b. SRJDC will take appropriate measures to prohibit further contact with residents in the case of any violation of sexual abuse or sexual harassment by a contractor or volunteer.

The Facility Manager advised that the facility has not had any appropriate remedial measures or considerations whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policy by a contractor or volunteer. Nor has the facility had any contractors or volunteers reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of volunteers who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of resident was 0.
- In the past 12 months, the number of contractors who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of a resident was 0.

Interview Results:

- Interviews with the Facility Manager, Investigator, Human Resources Manager, PREA Coordinator confirmed the process for corrective action for contractors and volunteers.
- Interviews with the volunteers and contractors indicated they received PREA training, reviewed the PREA policy, and know the consequences for violating the agency's sexual abuse policy and procedures.
- Based on the above information, the facility meets the standard and complies with the standard for the relevant review period.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13
- Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse and Isolation
- Snake River Juvenile Detention Center, policy number 6.5, Use of Seclusion Policy, revised 9/13/13
- Snake River Juvenile Detention Center, policy number 11.1, Programs-Minimum Policy, revised 3/1/13
- Snake River Juvenile Detention Center, policy number 11.2, Education Program Policy, revised 9/19/13
- Snake River Juvenile Detention Center, policy number 11.2, Recreation Program Policy, revised 9/19/13
- Snake River Juvenile Detention Center, policy number 11.4, Library Services Policy, revised 1/13/04
- Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Snake River JDC Youth Handbook
- Life Space Interview Form
- SRJDC Special Management Form

Interviews:

- Facility Manager
- Facility PREA Coordinator
- Medical and Mental Health Staff

The initial review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section J. Discipline, 1. Juvenile Disciplinary Sanctions; 1. Following an administrative finding using a preponderance of the evidence that an in-custody juvenile engaged in juvenile-on-juvenile sexual abuse or following a criminal finding of guilt for juvenile-on-juvenile sexual abuse a juvenile is subject to disciplinary sanctions that: 1. are just, equitable and commensurate with the nature and circumstances of the abuse committed and the juvenile'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, the facility shall not deny the resident daily large muscle exercises or access to any legally required educational programming or special education services. Residents in isolation for sexual abuse disciplinary sanctions shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other facility programs to the extent possible. 2. takes into consideration whether a juvenile's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed. 3. includes, if appropriate, interventions designed to address and correct underlying reasons or motivations for the abuse and whether such participation in interventions will be a condition of access to programming or other benefits. balance and preserve the interests of both the juvenile and the facility. b. The agency may discipline a resident for sexual contact with staff only upon finding that the staff member did not consent to such contact. c. Imposed sanctions will be clearly communicated to the juvenile and the potential duration for the sanctions. d. Juveniles will be informed of his/her right to appeal any disciplinary sanctions taken as a result of the violation, their right to a response to their appeal, their responsibility of initiating an appeal and following the proper procedures in the course of their efforts. Section O. False Reports reads; 1. If an investigation reveals that a person has falsely reported that a crime occurred, the case will be referred to the Twin Falls County Prosecuting attorney's office for review and possible prosecution. 2. If an investigation establishes that an allegation of sexually prohibited behavior was falsely made, a disciplinary report will be made. 3. A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Review of the Snake River JDC Youth Handbook page 5 states the facility has a zero-tolerance towards all forms of sexual activity and sexual abuse and prohibits all sexual activity between residents. On page 20 of the Youth Handbook, Class A Rule Violations states, "Please read this section of the Handbook carefully. These rules are in place to provide for the safety and security of staff and each youth in our care. At staff discretion the consequences for Class A Rule Violations will be a lockdown for up to 12 or 24 hours and other sanctions as appropriate. If your behavior seriously endangers the safety of others or consistently causes programming and activities to cease or escalates the behavior of other youth you may be separated from general population for up to 24 hours. Your Probation Officer will also receive a copy of the Incident Report describing the event. There is also a possibility that after staff input the Detention Administrator may also place you on a Special Management Program as well as charges being filed against you if you have caused injury to another individual or to

facility property. The following are considered Class A Rule Violations: Residents will be held responsible for abiding by the facilities strict "No Touch" policy. Sexual behavior and/or activity of any kind are strictly prohibited. Examples of zero tolerance conduct and inappropriate boundaries include: 1. Handshakes, high fives, etc. Horseplay. 2. Drawing, scratching, marking, tattooing on others. 3. Bullying or attempting to dominate others. 4. Victimizing and/or taking advantage of others. 5. Sexualized talk. 6. Sexual jokes. 7. Harassment of a sexual or personal nature. 8. Exhibitionism

The Facility Manager advised that there have been no incidents of resident sexual conduct requiring disciplinary action during this review period and do not use any form of isolation at SRJDC.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility was zero (0).
- In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility was zero (0).
- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: zero (0).
- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: 0.
- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities: 0.

Interview Results:

- Interviews with the Facility Manager, facility PREA Coordinator, medical and mental health staff confirm that if the facility has any resident found to have violated any of the agency's sexual abuse or sexual harassment policies, they will be subject to sanctions pursuant to the behavior management program. Furthermore, the facility ensures resident sanctions are imposed for comparable offenses by other residents with similar histories and residents are not denied daily large-muscle exercise. Sanctions imposed for comparable offenses by other residents with similar histories, educational programming or special education services, other program, and work opportunities to the extent possible.
- Interviews with medical and mental health staff confirmed crisis intervention and counseling are offered to residents.
- Medical and mental health staff confirmed youth are offered therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse and the facility offers services to the offending resident and the victim. The residents are not required to participate as a condition of access to programming or other benefits. In the past 12 months, the number of residents placed in isolation as a disciplinary sanction were zero.
- The Facility Manager explained that disciplinary actions for youth would include keeping the resident under strict supervision, making the required notifications and notify the Court.
- Based on the above information, the facility meets and complies with the standard for the relevant review period.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13
- Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse
- Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- SRJDC Mental Health Contact Sheet
- Mental Health and Medical Limits of Confidentiality
- Nurses Notes Form
- Mental Health Clinician Notes
- Resident Notes Form
- Alaska Screening Tool
- MAYSI
- Adverse Childhood Experience (ACE) Questionnaire
- Medical Health Assessment

Interviews:

- Facility Manager
- Facility PREA Coordinator
- Medical and Mental Health Staff
- Random Residents
- Residents who Disclose Sexual Victimization at Risk Screening

The initial review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section E. Juvenile Assessment and Placement; 1. Information Gathering by Juvenile Detention Officers: a. Obtaining information occurs during the intake process but also throughout the duration of each juvenile's stay. b. Information assists staff to make professional judgments regarding juvenile placement and whether heightened supervision or additional safety precautions are needed. c. In order to protect all juveniles in the facility from physical and sexual abuse staff will obtain the following information through the assessment tool and conversation: 1. current charges and offense history. 2. juvenile's age. 3. juvenile's level of emotional and cognitive development. 4. juvenile's physical size/stature. 5. appearance of intellectual or developmental disabilities. 6. Is there any specific information about a juvenile that may indicate the need to separate them from other juveniles? a. prior sexual victimization. b. sexual orientation or gender identity. c. history of engaging in sexual abuse. d. mental health status. e. mental or physical disabilities except on an immediate need-to-know basis to meet safety needs. Note: Information gathered by Juvenile Detention Officers will be placed in the medical file for medical and mental health practitioners to enter into discussions with juveniles for the purpose of gathering more information about their sexual orientation or gender identity, prior sexual victimization, history of engaging in sexual abuse, mental health status, and mental disabilities. Medical and Mental Health practitioners will provide written need-to-know information to be disbursed to all staff solely for the purpose of keeping all juveniles safe and free from sexual abuse.

During the site review, the auditor observed the physical storage area of information collected and maintained in hard copy pursuant to the PREA Standards. Information such as risk screening information, medical and mental health records and determined the area as secured in a locked file cabinet and the respected staff office. Electronic safeguards of information collected and maintained on electronic databases were observed while interviewing the Facility Director and Administrative Assistant. The electronic information was password protected on facility owned computer equipment.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past twelve (12) months the percent of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a mental health practitioner: 100%. Twenty-four residents during the past twelve months.
- In the past twelve (12) months the percent of residents who disclosed prior perpetrated sexual abuse, as indicated during screening who were offered a follow-up meeting with a mental health practitioner: 100%. There were zero

residents who disclosed prior perpetrated sexual abuse.

Interview results:

- There was one resident within the current population who disclosed prior sexual victimization during the risk screening process and informed the auditor that upon her disclosure she was offered a follow up meeting with a mental health practitioner and medical staff.
- The facility PREA Coordinator provided the resident's record who disclosed prior sexual victimization during the screening process resulting in the resident was referred follow up services to medical and mental health staff. Facility staff complete multiple assessments and forms including Adverse Childhood Experience (ACE) Questionnaire, MAYSI, Vulnerability Assessment Instrument, Mental Health and Medical Limits of Confidentiality, Mental Health Clinician Notes, Resident Notes Form, and Alaska Screening Tool.
- Interviews with Medical and Mental Health staff indicated that at the initiation of services to a resident, staff disclose the limitations of confidentiality and duty to report. When reports of sexual abuse are disclosed by residents, staff make all required notifications to the Facility Director, law enforcement, preserve evidence, conduct an initial assessment, and complete an incident report.
- Medical and Mental Health staff are aware that residents reporting sexual victimization or prior sexual aggressiveness are to be referred for a follow-up meeting. They stated that services would be offered including evaluation, treatment and safety planning, and follow-up services. Information related to sexual victimization or abusiveness that occurred in the facility is strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions.
- Based on the above information, the facility meets the standard and complies with the standard for the relevant review period.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Supporting Documents, Interviews and Observations:

- Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13
- Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse
- Snake River Juvenile Detention Center, Standard Operating Procedure: Initial Phone Calls
- Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- SRJDC Mental Health Contact Sheet
- Mental Health and Medical Limits of Confidentiality
- Mental Health Clinician Notes
- Resident Notes Form
- Alaska Screening Tool
- MAYSI
- Adverse Childhood Experience (ACE) Questionnaire
- Nurses Notes Form
- Medical Health Assessment

Interviews:

- PREA Coordinator
- Facility PREA Coordinator
- Medical and Mental Health Staff
- Random Staff, Non-Security Staff
- Residents who Reported Sexual Abuse

Review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section H. Access to Emergency Medical and Mental Health Services; 1. In the event of an incident of sexual abuse within the facility. Victims will be provided timely, unimpeded access to emergency medical treatment and crisis intervention services that services are free of charge regardless of whether the victim names the abuser, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. 2. If facility medical or mental health practitioners are not in the facility at the time a report of abuse is made. 3. Staff first responders will take preliminary steps to protect the victim according to this policy, notify his/her supervisor and document the incident and action taken. 4. The Supervisor will immediately notify the facility medical and mental health practitioners, document and follow through on any directives given.

The Facility PREA Coordinator provided a memorandum describing an incident resulting in one female resident touched another on the side of the leg. After video review and interviewing residents, which resulted in the contact being incidental and not in any manner sexual in nature. After review of the allegation, the resident was seen or referred to medical and mental health staff even though both residents involved reported no injuries from the contact. While on-site the auditor interviewed the resident who reported incident, confirmed the incident was reported and followed up by the PREA Coordinator, medical and mental health staff. The resident reported no injuries.

Interview Results:

- Interview with the one (1) Medical and Mental Health Care staff indicated that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services from the local hospital.
- Medical and Mental Health Care staff indicated that evaluation and treatment of residents who have been victimized entail follow-up services, treatment plans, and when necessary, referrals for continued care after leaving the facility.
- The facility has the ability to contact a qualified staff trained (mental health clinicians) as victim advocates to immediately respond at the facility until a victim advocate is present. To date, the staff member has not been utilized due to no sexual abuse allegations but when called upon can provide victim advocate services.
- Based on the above information, the facility meets the standard and complies with the standard for the relevant review period.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Supporting Documents, Interviews and Observations:

- Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13
- Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse
- Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- SRJDC Mental Health Contact Sheet
- Mental Health and Medical Limits of Confidentiality
- Mental Health Clinician Notes
- Resident Notes Form
- Alaska Screening Tool
- MAYSI
- Adverse Childhood Experience (ACE) Questionnaire
- Nurses Notes Form
- Medical Health Assessment

Interviews:

- Facility Manager
- Facility PREA Coordinator
- Medical and Mental Health Staff
- Random Staff, Non-Security Staff
- Residents who Reported Sexual Abuse

Review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section H. Access to Emergency Medical and Mental Health Services; 1. In the event of an incident of sexual abuse within the facility. Victims will be provided timely, unimpeded access to emergency medical treatment and crisis intervention services that services are free of charge regardless of whether the victim names the abuser, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. 2. If facility medical or mental health practitioners are not in the facility at the time a report of abuse is made. 3. Staff first responders will take preliminary steps to protect the victim according to this policy, notify his/her supervisor and document the incident and action taken. 4. The Supervisor will immediately notify the facility medical and mental health practitioners, document and follow through on any directives given.

The local rape crisis center that services the facility is Voices Against Violence. According to the Center Manager the VAV has victim advocate to respond in person to the medical center to provide a wide range of victim centered services such as support services including hospital accompaniment during the forensic examination, in-hospital investigatory interviews, emotion support referral, and determine aftercare services. The Facility Manager and PREA Coordinator does not have a formal agreement between the VAV and facility, however, there is an understanding and plan in place for the VAV provide victim advocate services. In interviewing the Center Manager, she confirmed there is a plan in place to provide victim advocate and emotional support services for facility residents. To date, the center has not been utilized for victim advocate services.

Interview Results:

- Interview with Medical and Mental Health Care staff indicated that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services from Voices Against Violence, the local crisis center.
- Medical and Mental Health Care staff indicated that evaluation and treatment of residents who have been victimized entail follow-up services, treatment plans, and when necessary, referrals for continued care after leaving the facility. An interview with the SAFE/SANE Nurse at Twin Falls County Medical Center indicated and confirmed access to emergency medical and mental health services.
- The facility also can contact a qualified staff trained as victim advocates to immediately respond at the facility until a victim advocate is present. To date, the staff member has not been utilized due to no sexual abuse allegations but when called upon can provide victim advocate services.
- Based on the above information, the facility meets the standard and complies with the standard for the relevant review period.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13
- Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse
- Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 2019 PREA Incident Review
- Census PREA Required Form, SSV-5, IJ
- 2022 Annual Report
- 2022 Annual Survey of Sexual Violence Report
- Agency Website

The review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse section A. Incident Review, 1. The facility treats all instances of sexual abuse as a critical incident to be examined by a team of upper management officials. a. The Incident Review Team consists of the following members who assemble to offer their perspectives and give their input: 1. PREA Coordinator; 2. Designated 3. Facility Supervisor(s); 4. Investigator(s); 5. Facility Medical Health Practitioner, 6. Facility Mental Health Practitioner; 7. Others as appropriate. b. The Review Team will evaluate the incident of sexual abuse within 30 days of conclusion of the investigation. The Review Team will also evaluate the incident to identify any policy, training, or other issues related to the incident that indicate a need to change policy/procedure or practice in order to better: 1. Prevent; 2. Detect; 3. Respond to an incident. c. The Review Team also considers whether incidents or

allegations were motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility and if determined to be the case they immediately notify the Detention Manager and begin taking steps to rectify those underlying problems. d. The Review Team will also examine the area where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse, Assess the adequacy of staffing levels in that area during different shifts and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. 2. The Review Team prepares a written report of its findings and recommendations for improvement and submits it to the Detention Manager. a. Any improvement recommendations will be submitted to upper management. If improvement recommendations are declined, the decline will be documented with reasons for the decline

During the past twelve months, the Manager reported zero (0) sexual abuse allegations. The Facility Manager confirmed during his interview there were zero sexual abuse investigations for the past twelve months. The Manager indicated when the facility conducts an incident review the form used to document the review is on the SRJDC PREA Incident Form. The form is completed within thirty days at the conclusion of the investigation. The Manager provided an example of a report of an incident that occurred in 2019 involving youth on youth sexual abusive contact. After the completion of the investigation, the matter did meet the PREA definition of with an outcome of unsubstantiated. As standard requires the facility administrative team completed an incident review as required in standard 115.386 (a-e.)

The auditor received documentation from the facility Manager on sexual abuse incident review team members, indicating upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility-- excluding only "unfounded" incidents was 0.
- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding-- only "unfounded" incidents 0.

Interview Results:

- Interviews with members of the incident review team members including the Facility Manager, facility PREA Coordinator indicated that when an allegation occurs and a review team meeting is held, they provide feedback and

take into consideration all elements of subsection (d) 1-6 and (e) consistent with the standards.

- The Facility Manager and the PREA Coordinator facilitate the incident review meeting and report the findings and recommendations.
- Based on the above information, the agency and facility considered the requirements listed and complies with the standard for the relevant review period.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy revised 9/13/13 • Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse revised 9/13/13 • Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Census PREA Required Form, SSV-5, IJ • 2022 Annual Report • 2022 Annual Survey of Sexual Violence Report • Agency Website <p>The review of the Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy and Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse requires in section L, Data Collection 1. Snake River Juvenile Detention Center will collect uniform data for every reported incident of sexual abuse using Appendix C, Incident Based Data Collection that answers all questions from the most recent version of the Bureau of Justice Statistics' (BJS) Survey on Sexual Violence. 2. The agency aggregates the incident-based sexual abuse data at least annually. 3. The data is collected and maintained from multiple sources, including reports, investigation files, and sexual abuse incident reviews. 4. Incident based, and aggregated data is also collected from contracted facilities, if any, 5. SRJDC will provide all collected data of reported sexual abuse in the Facility from the previous calendar year upon request from the Department of Justice.</p> <p>All aggregated sexual abuse data, including any from private facilities with which the SRJDC may contract with, shall be made readily available to the public at least annually through the website located at http://www.twinfallscounty.org/juvenile/detention/. The Snake River JDC Annual Survey of Sexual Violence 2022 records data corresponds with the DOJ Form SSV-5 and IJ, Survey of Sexual Victimization Report. Upon request, facilities shall provide all such data from the previous calendar year to the Department of Justice no later than June 30 of each year. The facility also provides the Idaho Department of Juvenile Corrections with the data on a yearly basis. The facility annual Survey of Sexual Violence 2022 shows in fine detail the agency aggregates the incident-based sexual abuse data at least annually and posts is posted on the agency website. The annual report includes comparisons of the current year's data and corrective actions with those from prior years and will include an assessment of the facility's progress in addressing sexual abuse.</p> <p>The annual report is approved by the Facility Manager and Commissioners and made readily available to the public annually through the website. The agency redacts personal identifiers or other specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.</p> <p>Interview Results:</p> <ul style="list-style-type: none"> • The Agency Designee-Facility Manager confirmed the process along with the instruments used for collecting, maintaining, reviewing the data. The 2022 PREA Annual Report were made available by the agency and are located on the website. • Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

115.388	Data review for corrective action
	<p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 821 300">Supporting Documents, Interviews and Observations:</p> <ul data-bbox="284 349 1476 577" style="list-style-type: none"> • Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13 • Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse • Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • SSV-5 and IJ • 2019-2021 Facility Annual Reports and Surveys <p data-bbox="242 607 1476 1003">The review of the Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse, section M. Data Review for Corrective Action requires, 1. Snake River Juvenile Detention Center will review, analyze, and use all sexual abuse data, including incident-based and aggregated data, to: a. assess and improve the effectiveness of the facility sexual abuse prevention, detection, and response policies, procedures, practices, and training. B. identify problem areas, including any racial dynamics or other group dynamics underpinning patterns of sexual abuse. c. take corrective action on an ongoing basis. 2. Annual Report, a. Upon request an Annual Report is prepared, approved by the Detention Manager, and submitted to the appropriate legislative body. b. The report contains the facility findings and corrective actions and also includes; A comparison of the current year's data and corrective actions with those from prior years, An assessment of the agency's progress in addressing sexual abuse. c. The report is made readily available by the Detention Manager to the public with redacted specific material when publication would present a clear and specific threat to the safety and security of the facility. d. The report will indicate the nature of the material redacted. e. Before making sexual abuse data publicly available, the facility will remove all personal identifiers.</p> <p data-bbox="242 1032 1476 1328">In section M. 3. Data Storage, Publication, and Destruction, a. The facility will securely retain, store, and protect collected sexual abuse data. b. The data will be maintained for at least 10 years after the date of its initial collection unless Federal, State, or local law allows for the disposal of official information in less than 10 years. The Facility Manager submits an annual report of the incident based sexual abuse data, to include facility recommendations and corrective actions. The annual report includes comparisons of the current year's data and corrective actions with those from prior years includes an assessment of the agency's progress in addressing sexual abuse. The annual reports are approved by the Board of Commissioners and made readily available to the public annually through the agency website. The agency redacts personal identifiers or other specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.</p> <p data-bbox="242 1357 1476 1518">During the site review, the auditor observed the physical storage area of information collected and maintained in hard copy pursuant to the PREA Standards. Information such as risk screening information, medical and mental health records and determined the area as secured in a locked file cabinet and the respected staff office. Electronic safeguards of information collected and maintained on electronic databases were observed while interviewing the Facility Manager. The electronic information was password protected on facility owned computer equipment.</p> <p data-bbox="242 1547 359 1576">Interviews:</p> <ul data-bbox="284 1626 718 1688" style="list-style-type: none"> • Agency Level Designee-Facility Manager • Facility PREA Coordinator <p data-bbox="242 1718 438 1747">Interview Results:</p> <ul data-bbox="284 1796 1460 1993" style="list-style-type: none"> • The Agency Level Designee-Facility Manager and facility PREA Coordinator reviews data collected and aggregates their findings pursuant to 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response polices, and training, including addressing problem areas, taking corrective action, and preparing an annual statement of its finding from its data review. • Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

115.389	<p>Data storage, publication, and destruction</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Snake River Juvenile Detention Center, policy number 3.2, Prohibited Contact and Prison Rape Elimination Act (PREA) Policy, revised 9/13/13 • Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse • Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • SSV-5 and IJ • 2019-2021 Facility Annual Reports and Surveys • Agency Website <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Level Designee-Facility Manager • Facility PREA Coordinator <p>Review of the Snake River Juvenile Detention Center, Standard Operating Procedure: Prevention, Detection, and Response to Sexual Abuse, section M. Data Review for Corrective Action requires, a. The facility will securely retain, store, and protect collected sexual abuse data. b. The data will be maintained for at least 10 years after the date of its initial collection unless Federal, State, or local law allows for the disposal of official information in less than 10 years. The Facility Manager submits an annual report of the incident based sexual abuse data, to include facility recommendations and corrective actions. The annual report includes comparisons of the current year's data and corrective actions with those from prior years includes an assessment of the agency's progress in addressing sexual abuse.</p> <p>Interview Results:</p> <ul style="list-style-type: none"> • The Agency Level Designee-Facility Manager and facility PREA Coordinator confirmed the facility complies with elements of the standard.
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115.401	Frequency and scope of audits
	<p data-bbox="240 143 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 451 239">Auditor Discussion</p> <p data-bbox="240 271 820 302">Supporting Documents, Interviews and Observations:</p> <ul data-bbox="284 349 1469 477" style="list-style-type: none"> • 2022 Annual Report • 2022 Annual Survey of Sexual Violence Report • Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Agency Website <p data-bbox="240 506 1490 835">This auditor reviewed the Twin Falls County web page at https://www.twinfallscounty.org/juvenile/detention/ and found that it contains the last completed PREA audit report. The Snake River Juvenile Detention Center last PREA audit was completed on January 15, 2020 during year one of Audit Cycle 3. The current audit of SRJDC was conducted in year one of Audit Cycle 4. The auditor had access to the entire facility and was able to conduct interviews and was provided with documentation in accordance with the standard. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor was permitted to conduct private interviews with residents and staff. Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor did not receive any confidential information or correspondence from residents placed at the SRJDC. Furthermore, the auditor did not receive any correspondence from agency or facility staff, volunteers, or interns.</p> <p data-bbox="240 864 363 891">Interviews:</p> <ul data-bbox="284 943 660 1003" style="list-style-type: none"> • Agency Designee-Facility Manager • PREA Coordinator <p data-bbox="240 1032 437 1059">Interview Results:</p> <ul data-bbox="284 1111 1485 1308" style="list-style-type: none"> • Interviews with the Agency Designee-Facility Manager and PREA Coordinator, and review of the agency website has indicated that the agency has conducted the required PREA Audits each cycle year. The facility has ensured that at least one-third of each type operated by the agency, or by a private organization on behalf of the agency was audited once. • Based on the above information, the facility meets the standard and complies with the standard for the relevant review period.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Twin Falls County, Snake River Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Agency Website • 2020 and 2021 Annual Reports <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Designee- Facility Manager • PREA Coordinator <p>Interview Results:</p> <ul style="list-style-type: none"> • Interviews with the Agency Designee-Facility Manager and PREA Coordinator as well as a review of the agency website indicated that the agency has made publicly available all PREA audits as required by standard. This auditor reviewed the Twin Falls County web page at https://www. https://twinfallscounty.org/juvenile/detention/ and contained the PREA Final Report that was audited for the previous audit cycle year and published within 90 days after the final report was issued by the auditor. • Based on the above information, the facility meets the standard and complies with the standard for the relevant review period.

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.)	yes
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".)	yes

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.)	yes
	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.)	yes
	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.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
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?	yes
	Does the facility document all cross-gender pat-down searches?	yes
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 aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (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.)	yes
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.)	yes
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.)	na

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	
	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))	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?	yes
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).)	na

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).)	na
	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).)	na
	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).)	na
	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).)	na
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).)	na
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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (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 or the agency does not employ medical staff.)	na
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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (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?	yes
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.	yes
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?	yes
	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?	yes
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?	yes
	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?	yes
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).)	na
	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).)	na

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?	yes
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?	yes
	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?	yes
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.)	yes
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 prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes