

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: 12/21/2016

Auditor Information			
Auditor name: Steven Jett			
Address: 21023 Briarwood Dr. Greenleaf, ID			
Email: sjett.preajuvaudit@gmail.com			
Telephone number: 2084590602			
Date of facility visit: June 13-15, 2016			
Facility Information			
Facility name: Dstrict 6 Juvenile Detention Center			
Facility physical address: 137 S 5 th , Pocatello, ID 83201			
Facility mailing address: <i>(if different from above)</i> SAA			
Facility telephone number: 208 234 1080			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Seth Scott			
Number of staff assigned to the facility in the last 12 months: 31			
Designed facility capacity: 16			
Current population of facility: 15			
Facility security levels/inmate custody levels: Click here to enter text.			
Age range of the population: 10-17			
Name of PREA Compliance Manager: Seth Scott		Title: Facility Head, PREA Coord	
Email address: seths@bannockcounty.us		Telephone number: 208 234 1080	
Agency Information			
Name of agency: District 6 Juvenile Detention Center			
Governing authority or parent agency: <i>(if applicable)</i> Bannock County ID			
Physical address: Click here to enter text.			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: Click here to enter text.			
Agency Chief Executive Officer			
Name: SAA		Title: Click here to enter text.	
Email address: Click here to enter text.		Telephone number: Click here to enter text.	
Agency-Wide PREA Coordinator			
Name: Click here to enter text.		Title: Click here to enter text.	
Email address: Click here to enter text.		Telephone number: Click here to enter text.	

AUDIT FINDINGS

NARRATIVE

The audit of the District 6 Juvenile Detention Center was conducted on June 13-15, 2016. Upon arrival, I was given a tour of the facility, which consists of one building that houses the court and the probation offices. The entire building was viewed. There are areas where residents are not allowed to access, but cameras were added recently to cover the entrances to all off-limits areas, which are mostly outside of the secure perimeter of the detention center.

13 out of 15 residents in custody were interviewed during the audit visit. All interviews were pleasant, with residents being very cooperative. Some residents stated that they did not hear the X-G announcement, but were able to answer all other questions to my satisfaction.

12 staff were also interviewed, including HR, Medical, Mental Health and the Agency Head/Superintendent/PREA Coordinator. Almost all staff were able to recite the proper first responder duties and all other questions regarding training and responsibilities. They did state that the X-G announcement was only made at shift change.

Various meetings were held throughout the visit, mostly with the Agency Head/Superintendent/PREA Coordinator Seth Scott. A final report-out was held during the final day.

Overall, the facility did very well, with very little corrective action work. The Interim Report was issued in August and the corrective action work was completed in about 4 months.

Prior to the end of the Corrective Action Period, I interviewed one staff over the phone. I also visited the facility and interviewed one more staff and three residents (33% of the total population at the time.) I chose every third resident from the roster of 9. All interviewed confirmed that the X-G announcement was bring done much more than it was prior to the audit visit. The residents all said that it was being done too much!

DESCRIPTION OF FACILITY CHARACTERISTICS

From the D6JDC website:

Mission

Our mission is to provide a secure, safe environment for juveniles who are placed in our care by the courts. Through programs and staff interaction, it is our goal to address attitudes, citizenship, school attendance, drug/alcohol problems, self worth, individual accountability and decision-making skills. We will work to meet the basic physical and emotional needs of the residents in an atmosphere of respect and concern.

The Balanced and Restorative Justice Model is a philosophy of correctional care that emphasizes three equally important principles:

Accountability: When a crime occurs, a debt is incurred. Youth must be held accountable for their actions and to restore the victim's losses.

Competency Development: Offenders should leave the system more capable of productive participation in conventional society than when they entered.

Community Protection: The public has a right to a safe and secure community.

Other groups, projects and information:

Juvenile Detention Clinician Project:

Program focuses on screening and assessing youths in our custody for mental health and substance abuse problems. Youths are then linked to appropriate services in their local communities.

Academic Education:

Residents of the facility must attend academic education classes 5 hours per weekday. These classes are provided through School District 25 and work in cooperation with all other school districts in our area.

Addictive Behavior Counseling:

Program runs 3 hours per week and sessions include: Methamphetamines (use and risk factors), Dangers and Facts regarding Marijuana use, Dangers and Facts regarding Inhalant use, Teenagers and Alcohol, Alcohol and the Teenage Brain, Why taking drugs doesn't work, and Ecstasy (the facts).

We The People:

The course explains the most important ideas of our Constitution and tells how they were developed. It also tells about the people and events that were in the history of these ideas. The course helps the student gain a greater understanding of the Constitution and our system of government.

Seven Habits of Highly Effective Teens:

Students learn how to apply the 7 Habits to tough issues and life-changing decisions youth are facing in today's world.

Worship Services:

Voluntary services are offered on Friday afternoon, and twice on Sundays.

The District 6 facility is a small juvenile detention center, with adequate classroom space, recreation space and room for other activities.

Staff were involved with the residents, which fostered a strong reporting environment.

SUMMARY OF AUDIT FINDINGS

Click here to enter text.

Number of standards exceeded: 2

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard. The facility does have a contract with a nearby juvenile detention center to hold overflow population if it occurs. Contract did have appropriate PREA Language in it, but as of August 19, 2016, the contracted facility had not obtained a PREA Audit. The District 6 JDC Administrator informed the contracted facility that they would not be utilizing their services as they had not made an effort to be compliant with the Act.

Standard 115.313 Supervision and monitoring

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard.

Standard 115.315 Limits to cross-gender viewing and searches

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

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.

During the audit visit, it was determined that the facility met all parts of Standard 115.315 with the exception of substandard c and d. The interviews with staff and residents confirmed that the X-G announcement was only being made at shift changes. Also, the policy was missing any reference to documentation of any X-G searches, which were allowed under exigent circumstances. Prior to the end of the Corrective Action Period, the facility did the following to come into compliance with this standard:

1. Removed all allowances for any X-G searches, regardless of exigent circumstances, and;
2. Instituted more frequent X-G announcements and documented such.

Prior to the end of the issuance of the Final Report, interviews confirmed that the X-G announcement was being made.

Standard 115.316 Residents with disabilities and residents who are limited English proficient

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard.

Standard 115.317 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

At the audit visit, the facility was found to be out of compliance with subsections a and f of standard 115.317. The three questions were not included in hiring material and they were not being asked through reviews of existing staff. Prior to the end of the Corrective Action Period, the questions were incorporated into the hiring paperwork and forms, and included into the facility’s review process.

The District 6 review process of existing employees deserves some mention due to the innovative nature of it. When it is time to evaluate employees, the facility sends out a “SurveyMonkey” request to the employee, and also to those who work with him/her. Other staff are able to evaluate the person, and the person also does a self evaluation, completely through the survey. The three questions listed in 115.317a were incorporated into the survey and must be answered to continue through the survey.

Standard 115.318 Upgrades to facilities and technologies

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

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.

Based on information given and observed, including the addition of over 30 cameras, the facility was found to be in compliance with this PREA Standard. Facility is well covered by video surveillance technology. Blind spots were covered well, and as the facility is small, personal observation is carried out well.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard. SANE nurses are available at the nearby Portneuf Medical Center. Also, the facility has an MOU with Family Services Alliance for support services.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard. Policies are clear that allegations are to be turned over to the Bannock County Sheriff's Office and/or Pocatello Police Department as well as the Bannock County Prosecuting Attorney's office.

Standard 115.331 Employee training

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard. Interviews were especially helpful in confirming that training has been done and has been effective. It was suggested that one training slide needed to be updated, but the necessary edit was very minor.

Standard 115.332 Volunteer and contractor training

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training

rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard.

Standard 115.333 Resident education

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard. PREA 10-day resident education is given to all kids weekly. The 10-day deadline is usually given by the time any resident is in custody for 7 days. And they get it every week after that, if they are still in custody. Only 116 residents stayed for more than 10 days, but over 600 residents were given the 10-day resident education session because of the repeated delivery.

Standard 115.334 Specialized training: Investigations

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard.

Standard 115.335 Specialized training: Medical and mental health care

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

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.

At the audit visit, it was found that the specialized training for medical and mental health staff was not complete. Prior to the end of the Corrective Action Period, the facility furnished me with the date that the last staff had completed the training by watching the videos on the NCCHC website.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard.

Standard 115.342 Use of screening information

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard.

Standard 115.351 Resident reporting

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard.

Standard 115.352 Exhaustion of administrative remedies

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard.

Standard 115.353 Resident access to outside confidential support services

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard.

Standard 115.354 Third-party reporting

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard.

Standard 115.361 Staff and agency reporting duties

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard.

Standard 115.362 Agency protection duties

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard.

Standard 115.363 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard.

Standard 115.364 Staff first responder duties

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard. Staff interviews also confirmed adequate training on first responder duties.

Standard 115.365 Coordinated response

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard.

Standard 115.366 Preservation of ability to protect residents from contact with abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

As there is no collective bargaining at the facility, this standard is not applicable. However, a “not applicable” box does not exist.

Standard 115.367 Agency protection against retaliation

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard.

Standard 115.368 Post-allegation protective custody

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard.

Standard 115.371 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard.

Standard 115.372 Evidentiary standard for administrative investigations

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard.

Standard 115.373 Reporting to residents

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard.

Standard 115.376 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard.

Standard 115.377 Corrective action for contractors and volunteers

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard.

Standard 115.378 Disciplinary sanctions for residents

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard.

Standard 115.381 Medical and mental health screenings; history of sexual abuse

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard. Medical and Mental Health services were very good.

Standard 115.382 Access to emergency medical and mental health services

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard.

Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard. Medical and Mental Health services were very good.

Standard 115.386 Sexual abuse incident reviews

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard.

Standard 115.387 Data collection

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard.

Standard 115.388 Data review for corrective action

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

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.

At the time of the audit visit, a compliant report was not found on the facility's website. Prior to the end of the Corrective Action Period, the facility edited the website and added the necessary report and data.

Standard 115.389 Data storage, publication, and destruction

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

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.

Based on information and documentation observed prior to the audit and during the audit visit, including policies, procedures, logs, training rosters, resident files, employee files, employee training records, and forms, the facility was found to be in compliance with this PREA Standard.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.



12/21/2016

Auditor Signature

Date