

PREA Facility Audit Report: Final

Name of Facility: District VI Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/03/2022

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: 11/03/2022

AUDITOR INFORMATION	
Auditor name:	Keech, Aaron
Email:	akeech37@gmail.com
Start Date of On-Site Audit:	09/22/2022
End Date of On-Site Audit:	09/22/2022

FACILITY INFORMATION	
Facility name:	District VI Juvenile Detention Center
Facility physical address:	137 South 5th Avenue, Pocatello, Idaho - 83201
Facility mailing address:	P.O. Box 4926, Pocatello, Idaho - 83205

Primary Contact	
Name:	Seth Scott
Email Address:	seths@bannockcounty.us
Telephone Number:	2082352300

Superintendent/Director/Administrator	
Name:	Seth Scott
Email Address:	seths@bannockcounty.us
Telephone Number:	2082352300

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

Facility Characteristics	
Designed facility capacity:	16
Current population of facility:	9
Average daily population for the past 12 months:	12
Has the facility been over capacity at any point in the past 12 months?	Yes
Which population(s) does the facility hold?	Both females and males
Age range of population:	12-17
Facility security levels/resident custody levels:	Detention
Number of staff currently employed at the facility who may have contact with residents:	22
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	4
Number of volunteers who have contact with residents, currently authorized to enter the facility:	16

AGENCY INFORMATION	
Name of agency:	District VI Juvenile Detention Center Facility Board
Governing authority or parent agency (if applicable):	
Physical Address:	137 South 5th Avenue, Pocatello, Idaho - 83201
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information

Name:	Seth Scott	Email Address:	seths@bannockcounty.us
--------------	------------	-----------------------	------------------------

SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

0

Number of standards met:

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:	2022-09-22
2. End date of the onsite portion of the audit:	2022-09-22

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	16
15. Average daily population for the past 12 months:	12
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" 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:	6
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:	0

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:	1
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:	0
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 six residents. The auditor interviewed the entire population resulting in only two 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:	22
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:	16
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:	4

<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 met. The auditor interviewed three volunteers and two 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>
--	--

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>	<p>4</p>
---	----------

<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
--	--

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor interviewed all residents that were housed in the facility.</p>
---	--

<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>
---	---

<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 six residents that were housed in the facility. Four of the six residents were counted as random residents while two were counted as targeted residents.</p>
--	---

<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 text provided.</p>
--	--------------------------

Targeted Inmate/Resident/Detainee Interviews

<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>2</p>
---	----------

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

<p>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>Discussed the characteristics of the residents with the Facility Director/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>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>Discussed the characteristics of the residents with the Facility Director/PREA Coordinator to conduct the appropriate number of targeted resident interviews.</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>Discussed the characteristics of the residents with the Facility Director/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>Discussed the characteristics of the residents with the Facility Director/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>Discussed the characteristics of the residents with the Facility Director/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>1</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>Discussed the characteristics of the residents with the Facility Director/PREA Coordinator to conduct the appropriate number of targeted resident interviews.</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>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>Discussed the characteristics of the residents with the Facility Director/PREA Coordinator to conduct the appropriate number of targeted resident interviews.</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>Discussed the characteristics of the residents with the Facility Director/PREA Coordinator to conduct the appropriate number of targeted resident interviews.</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>No text provided.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:

12

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)

- Length of tenure in the facility
- Shift assignment
- Work assignment
- Rank (or equivalent)
- Other (e.g., gender, race, ethnicity, languages spoken)
- None

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?

- Yes
- 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 exceeded the minimum number of random staff were interviewed while on site.

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):

25

76. Were you able to interview the Agency Head?

- Yes
- No

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

- Yes
- No

78. Were you able to interview the PREA Coordinator?

- Yes
- No

<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p> <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>
<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p> <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>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

a. Enter the total number of VOLUNTEERS who were interviewed:	3
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
---	--

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

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
--	--

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

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	<p>On-site Documentation Review:</p> <ul style="list-style-type: none"> • Six (6) 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 <ul style="list-style-type: none"> Unannounced rounds/facility forms Shift status reports Logbooks Six (6) Resident Medical Files
---	--

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
---	---

<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>
Staff-on-inmate sexual abuse investigation files	
<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>
Sexual Harassment Investigation Files Selected for Review	
<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>
Inmate-on-inmate sexual harassment investigation files	
<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 abuse and 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

<p>121. Who paid you to conduct this audit?</p>	<ul style="list-style-type: none"><input checked="" type="radio"/> The audited facility or its parent agency<input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)<input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)<input type="radio"/> 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:

- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16
- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 1, Administration, Policy number 1-7, Staffing/Organization and Staff Duties dated 2/11/14
- Facility Audit Notice Photographs
- District 6 Juvenile Detention Center Organizational Chart dated October 2022
- Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Facility Mission Statement
- Facility Schematic

Interviews:

- Agency Designee, Facility Director, PCM

The review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, dated May 14, 2016 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.

Incidents of sexual activity, whether consensual or non-consensual, threats to engage in non-consensual sexual activity and solicitation to engage in sexual activity are a recognized problem, which can occur and is known to occur in juvenile detention facilities in the United States. The occurrence of such behavior within the District VI Juvenile Detention Center interferes with and impairs the facility's mission to prevent crime, protect juveniles who are housed at the facility, and to provide effective juvenile justice services. Consistent with the policy of the Prison Rape Elimination Act of 2003 (Public Law 108-79, 108th Congress), incidents of sexual activity, whether consensual or non-consensual, threats to engage in non-consensual sexual activity, and solicitation to engage in sexual activity will not be tolerated in any degree at the District VI Juvenile Detention Center.

The purposes of this policy are to establish a Zero-Tolerance environment for sexual abuse in the District 6 Juvenile Detention Center (D6JDC). Make the prevention of sexual abuse a top priority in the D6JDC. The policy develops and implements practices which comply with the National Standards to Prevent, Detect, and Respond to Prison Rape published by the USDOJ on June 20, 2012, by making available any data and information on the incidence of sexual abuse in the D6JDC. The policy clearly identifies and expresses the accountability of all D6JDC staff, including the Director, when dealing with incidents of sexual abuse. 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 facility strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

All staff members are responsible for the detection, prevention, and reporting requirements in this procedure. The policy 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 12, discipline sanctions for staff, includes any D6JDC staff member who is found to have committed any act of sexual abuse, including, but not limited to those outlined in section II, B. (Definitions) of this policy, shall be terminated. Any act of sexual abuse of a resident by staff is also a violation of Idaho Code 18-6110 and shall be referred to the appropriate authorities for criminal prosecution. Any D6JDC staff member who is found to have committed any act of sexual harassment of residents, other staff members, visitors, or contractors, shall be subject to disciplinary sanctions which shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and any sanctions that have been imposed for comparable offenses by other staff with similar histories. All terminations including those for violations of the D6JDC sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are required to be, and shall be reported, along with the reason and supporting documentation, to the Idaho Peace Officers Standards and Training on the approved Separation/Change of Status Form.

The District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 1, Administration, Policy number 1-7,

Staffing/Organization and Staff Duties dated 2/11/14 enables the center to run in an efficient, safe, and orderly manner, to ensure that juveniles have access to staff, programs, and service, and to promote adequate staffing of the Center and performance of appropriate staff duties. In section 2, Procedures, A. Staffing: outlines the agency organization chart and chain of command: District VI Juvenile Detention Board, Facility Director, Office Coordinator, Lead Supervisor, Shift Supervisor, Detention Officer. The D6JDC has designated the facility Director to be the PREA Coordinator/PCM.

The agency provided an organizational Chart dated October 12, 2022, indicates in writing the Facility Director is designated as the facility's PREA Coordinator/Compliance Manager. This position reports directly to the 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 agency and facility take PREA implementation seriously and shows implementation performance daily.

Interview Results:

- Interview with the Facility Director reported for reference to the PREA audit, he is designated as the agency designee, PREA Coordinator/Compliance Manager, and contract administrator. The Facility Director was knowledgeable and educated on the PREA Standards. He explained this is the facility's second PREA audit, the first audit occurred in 2019 and conducted by Steven Jett. The PREA Coordinator-Facility Director is committed to implementing PREA on behalf of Bannock County Juvenile Detention Board. He has experience and sufficient time and authority to coordinate that agency's effort to comply with the PREA Standards. The PREA Coordinator facilitates meetings with facility staff to discuss any needs, problems, ideas, or suggestions for improvement. He further indicated there are annual PREA training,
- 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. When he identifies any compliance issues, he informs staff and processes any issues with them.
- 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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16 • 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 8/19/21 • Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head Designee, Facility Director, PREA Coordinator/Compliance Manager/Contract Administrator <p>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 8/19/21, section 10, 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.</p> <p>The review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, Section I, Prevention Planning, B. Contracting with other entities for confinement of residents. (PREA 115.312), 1. If the D6JDC is, at any time, in a position where it is necessary to contract for the confinement of its residents with other entities, including other government agencies, those entities shall be obligated to adopt and comply 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>A review of the Pre-Audit Questionnaire and confirmed by staff interviews:</p> <ul 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>Interview Results:</p> <ul style="list-style-type: none"> • The Agency Level Designee, Facility Director confirmed the facility does contract with other entities for the confinement of residents and the PREA language written into its contracts. The Facility Director 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:

- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16
- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 1, Administration, Policy number 1-7, Staffing/Organization and Staff Duties dated 2/11/14
- Supervisor Meeting Minutes dated 12/1/20 and 12/5/21
- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-5, Personal Observation, Juvenile Movement, Cross Gender Supervision, dated 12/1/16
- District 6 Event Log Report, Unannounced Supervisory Rounds from 11/15/21 – 7/16/22
- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-5, Personal Observation, Juvenile Movement, Cross Gender Supervision, revised 12/1/16
- Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- District 6 Juvenile Detention Center Organizational Chart dated October 2022
- Facility Floor Plan
- Video Surveillance List

A review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16, section C, District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 1, Administration, Policy number 1-7, Staffing/Organization and Staff Duties dated 2/11/14, section K; both state Supervision and monitoring. (115.313) 1. District 6 JDC shall develop, implement, and document a staffing plan which takes into consideration: a. Generally accepted juvenile detention and correctional/secure residential practices; (Position Statement of the National Partnership for Juvenile Services suggesting that the optimal ratio of staff to juveniles should be 1:8.) b. Any judicial findings of inadequacy; (None at the time of the development of the staffing plan.) c. Any findings of inadequacy from Federal investigative agencies; (None at the time of the development of staffing plans.) d. Any findings of inadequacy from internal or external oversight bodies; (None at the time of the development of staffing plans.) e. All components of the facility's physical plant including "blind spots" or areas where staff or residents may be isolated. f. The composition of the resident population. g. The number and placement of supervisory staff. h. Institution programs occurring on a particular shift. i. Any applicable State or local laws, regulations or standards; Idaho Administrative Procedures Act section 05.01.02.212.02, Idaho Code 20-518 j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse. k. Any other relevant factors.

In section 2. the District 6 JDC shall comply with the staffing plan except during limited discrete exigent circumstances and shall fully document deviations from the plan during such circumstances as outlined in the procedures governing the adopted staffing plan and staffing ratios, which are found in this section. 3. Annually, and preferably during the schedule meeting in November or December supervisor's meeting of each year, with the PREA coordinator, the facility's staffing plan and prevailing staffing practices shall be evaluated, and changes or suggestions will be made, documented, and evaluated. a. If the reviewing staff members deem that changes are absolutely necessary to ensure the safety of the juveniles and compliance with PREA standards, District 6 JDC shall consult with the District 6 Juvenile Detention Board and the Bannock County Prosecuting Attorney's office in order to commit necessary resourced to do so. 4. Annually, and preferably during the schedule meeting in November or December supervisor's meeting of each year, the facility's deployment of video or audio monitoring technologies shall be evaluated, and changes or suggestions will be made, documented, and evaluated. a. If the reviewing staff members deem that changes are necessary to ensure the safety the juveniles and compliance to the PREA Standards, District 6 JDC shall consult with the District 6 Juvenile Detention Board and the Bannock County Prosecuting Attorney's office in order to commit necessary resources to do so. 5. The planning of any upgrade or changes to any part of the District 6 JDC shall also include an evaluation of how the upgrade or change will impact the ability of the staff to protect juveniles against sexual abuse. A review of the facility's staffing plan and video/audio or any other monitoring systems shall be during the planning stages of any upgrades or changes to the facility, with will include but not be limited to: Construction, remodel, alteration, addition, or demolition of any part of the physical structure of District 6 JDC, as well as any addition or subtraction of any video/audio or any other monitoring device.

The capacity at District 6 Juvenile Detention Center is sixteen (16). The average daily number of residents for the past twelve months was twelve (12). District 6 Juvenile Detention Center provides pre-trial detention services of pre-adjudicated juveniles serving six counties in eastern 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 12-17. 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 Supervisors meeting minutes dated 12/1/2020 and 12/5/2021, District 6 Juvenile Detention Center administration conducted the annual staffing and PREA planning meeting Plan Development Process Form 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. District 6 JDC 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

According to the Facility Director, there are zero staff vacancies. 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 Director provided a document noting the number of times the facility was over capacity over the past twelve months. The number of times over the past year this occurred two times. During those brief periods, the facility's staffing ratio and plan remained in compliance due to the 1:8+1 ratio required by the state of Idaho.

Review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 1, Administration, Policy number 1-7, Staffing/Organization and Staff Duties, Section 2, Procedures, C. states the Lead Supervisor shall; 1. The individual who has been designated as Lead Supervisor of the Center will have the responsibility of caring out lead supervisor duties, which include, but are not limited to, the following: a. Perform all duties of the Shift Supervisor. b. Observe and supervise all shifts to ensure that the policies and procedures of the center are carried out in a consistent manner. c. Assist the director in the interview and hiring process, staff evaluations, and disciplinary actions. d. Provide initial orientation and training of all new staff members and aid in their transition into facility operations. e. Assist the director in performing regular training sessions to ensure all staff members remain current in required training. f. Assist the director in coordinating and facilitating regularly scheduled staff and shift supervisor meetings. g. Perform all additional duties as requested by the director. j. On-call 24 hours per day.

A review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16, section C and District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 1, Administration, Policy number 1-7, Staffing/Organization and Staff Duties dated 2/11/14, section D, and District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 1, Administration, Policy number 1-7, Staffing/Organization and Staff Duties dated 2/11/14 PREA Unannounced Administrative Rounds (PREA 115.313) 1. a. Administrators and supervisors and acting supervisors shall conduct and document unannounced round to identify and deter staff sexual abuse and sexual harassment. B. Such rounds shall be conducted approximately four times per each 12-hour shift both day shift and night shift. 3. It shall be prohibited for staff to alert other staff members in any way that these supervisory rounds are occurring, either verbally or through any type of communication, unless such announcement is related to some legitimate operational function. 4. Control room staff shall not announce the presence of the Director in the building.

Samples of Unannounced Facility Visit (Rounds) sheets were also provided indicating 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 four times per each 12-hour shift both day shift and night shifts. Unannounced rounds are conducted by higher level staff namely the Supervisors 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 two 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 clinician's office located in the multi-purpose/visitation area and the door at the kitchen. The auditor also requested the grievance boxes be labeled to clearly identify to residents. Prior to the conclusion of the site visit, the auditor revisited the area to verify completion and the issue was resolved.

Interviews:

- Agency Designee, Facility Director, PREA Coordinator/Compliance Manager

Interview with the Facility Director/PC/PCM revealed that at least annually, , 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 twelve (12).
- Since the last PREA audit, the average daily number of residents on which the staffing schedule was predicated was sixteen (16).

Interview Results:

- Interviews and supporting documentation from the agency and facility indicated that they are consulted regarding any assessment or adjustments to the staffing plan.
- Interview with the facility Director indicated that the facility has a staffing plan. When assessing adequate staffing levels and the need for video monitoring, they consider all the components listed in the standard.
- Interviews with intermediate or higher-level staff indicated they perform unannounced rounds and documented in the log.
- 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

Supporting Documents, Interviews and Observations:

- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16
- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-5, Personal Observation, Juvenile Movement, Cross Gender Supervision, dated 12/1/16
- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 9, Admissions and Release, Policy number 9-4, Search, Inventory and Personal Property, revised 5/14/13
- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-10, Personal Searches, revised 3/15/19
- District 6 Event Log Report, Cross Gender Supervision Announcement from 12/16/21 – 7/27/22
- Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- National PREA Resource Center Guidance on Cross Gender and Transgender Pat Searches Video
- Idaho P.O.S.T. Academy, Staff Training, Lesson Plan and Power Point Presentation

Interviews:

- Agency Designee- Facility Director
- Random Staff
- Random Residents

The review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, section 1E. Limits to cross-gender viewing and searches. (PREA 115.315); 1. Procedures governing searches, including cross-gender searches, are found in Policy 2-10. 2.

Procedures governing cross-gender viewing are found in Policy 2-5. 3. Procedures prohibiting searches of transgender and intersex youth for the sole purpose of determining genital status are found in Policy 2-10. 4. Procedures governing training of staff to conduct cross gender pat searches, searches of transgender or intersex youth are found in Policy 1-6.

The review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 9, Admissions and Release, Policy number 9-4, Search, Inventory and Personal Property, is to ensure that contraband is controlled through appropriate searches, and inventory removed from juvenile's custody upon admissions is inventoried and stored properly. 4. Body cavity search, a. Body cavity searches shall only be conducted when there is an order or search warrant signed by a judge which has been obtained based on probable cause to believe the juvenile is in possession of weapons, or contraband which jeopardizes the safety or security of the facility or the safety and well-being of any juvenile. b. Body cavity searches are to be conducted as outlined in Policy 2-10. In Section II. Procedures. A. Personal searches at admissions; 1. Clothed search, or Pat search (Frisk search). a. These searches shall be performed by a detention officer of the same sex as the juvenile detainee except in cases where exigent circumstances apply. b. Search should be completed before handcuffs are removed and before allowing juvenile to enter any other portion of the facility. c. Pat searches shall be conducted as outlined in Policy 2-10.

With regards to cross gender pat down searches, in section II. Procedures; A. Personal searches at admissions. 1. Clothed search, or Pat search (Frisk search). a. These searches shall be performed by a detention officer of the same sex as the juvenile detainee except in cases where exigent circumstances apply. b. Search should be completed before handcuffs are removed and before allowing juvenile to enter any other portion of the facility. c. Pat searches shall be conducted as outlined in Policy 2-10. Section 2. Clothing Exchange. a. Clothing exchanges shall be performed only by a juvenile detention officer of the same sex as the juvenile except in cases where exigent circumstances apply. b. Clothing exchanges are to be performed following the admissions process, when juvenile is given facility issued clothing before entering the secure area of the facility. c. Clothing exchanges are to be conducted as outlined in Policy 2-10. d. During the clothing exchange at admissions, the body should be observed for substance abuse and/or physical abuse. 1. If either is observed, a report must be written in accordance with policy 6-18.

e. All clothing exchanges shall be conducted in private and in a manner which preserves the dignity of the juvenile to the greatest extent possible and under sanitary conditions. f. Detention officers shall only observe the juvenile during the clothing exchange. No physical contact is permitted except in an emergency.

The review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-10, Personal Searches, states in section 4. Body Cavity Search a. Body cavity searches shall only be

conducted when there is an order or search warrant signed by a judge, which has been obtained based on probable cause to believe the juvenile is in possession of weapons, or contraband which jeopardizes the safety or security of the facility or the safety and well-being of any juvenile. b. All body cavity searches shall be conducted in private and in a manner which reasonably preserves the dignity of the juvenile and under sanitary conditions. c. All body cavity searches shall be conducted by the Health Authority or Medical Employee. 1. Health Authority is defined as the physician, health administrator, or agency responsible for the provision of health care services at an institution or system of institutions; the responsible physician may be the health authority. 2. Medical Employee is defined as a certified person such as nurse, physician's assistant, emergency medical technician who works under the supervision and authority of the Health Authority consistent with their respective levels of training, education, and experience. d. No persons of the opposite sex of the juvenile shall be present during the body cavity search other than the Health Authority or Medical Employee unless exigent circumstances apply. e. Incident reporting procedures shall be followed for body cavity searches. The report shall include, but not be limited to, the following: 1. Officer(s) involved in any activities leading up to a body cavity search. 2. The name of the officer(s) that recommends the body cavity search and the information supporting that recommendation. 3. Information regarding the obtaining of a warrant necessary to conduct body cavity search. 4. Specific information regarding the contacting of medical staff. 5. Final results of the body cavity search, along with disposition of contraband. f. Information concerning a body cavity search shall be logged on the Daily Activity Log, including, but not limited to; 1. Time of search. 2. Medical officer's name. 3. Any other officers present.

Review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-5, Personal Observation, Juvenile Movement, Cross Gender Supervision states in section 2 D. Cross-Gender Supervision; 1. Cross-Gender supervision shall be carried out in a manner which accomplishes the mission and goals of the Center and at the same time affords the juvenile the highest degree of privacy possible. 2. Except in an emergency situation, detention staff shall not observe juveniles of the opposite sex in shower or toilet areas, or perform clothed or unclothed searches, or be present at unclothed searches. 3. Except in an emergency situation, detention staff shall not accompany juveniles of the opposite sex into any area that cannot be observed by either the control room or by-passing staff via a window or other visual means. This prohibits staff from taking juveniles of the opposite gender into visually obstructed areas such as closets, storage rooms and offices that do not contain unobstructed windows or cameras. 4. Cross Gender Staff Supervision Announcement to be done 2 per shift and when the juveniles are paying attention. Suggestions are at shift change, at the beginning of school, at the beginning of meals, at the beginning of Rec time. The announcement will be: "During this shift there will be both male and female staff performing room checks and supervising residents." These announcements will be logged each time the announcement is made! The facility provided the District 6 Event Log Report, Cross Gender Supervision Announcement from 12/16/21 – 7/27/22 documenting opposite gender announcements throughout the course of a shift.

The review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-10, Personal Searches, states in section 2. II. Procedures; A. Personal Searches are categorized into 4 groups: Clothed Search, Clothing Exchange, Strip Search and Body Cavity Search. All searches will be conducted by a detention officer of the same sex as the juvenile, unless exigent circumstances apply, Body Cavity Searches are only to be performed by a medial professional. If the gender cannot readily be determined or unknown, it may be determined through conversation with the inmate, by reviewing medical records or by a medical examination by medical staff. Staff members shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. 1. Clothed search, or Pat search (Frisk search). Every officer conducting a pat-down search shall wear personal protection gloves capable of creating a barrier against blood borne pathogens. a. These searches will be performed by a detention officer of the same sex as the juvenile detainee. If the inmate 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 inmate responds yes then the staff will ask them which gender of staff the inmate is most comfortable with searching them.

A review of the agency and 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. Twelve random staff were able to describe what an exigent circumstance would be seeking authorization to conduct such a search. Six 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 wand searches were conducted in a respectful and professional manner and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents.

Twelve (12) random staff interviewed, reported they do announce their presence when entering the opposite gender living unit. The auditor interviewed six (6) residents and when residents were asked, "does staff of the opposite gender announce their presence when entering your housing area or area where you shower or perform bodily functions," all six residents reported staff of the opposite gender do not or regularly announce their presence when entering the unit. The same number of residents knew the reason why staff of the opposite gender announce their presence, referred to as the cover up rule. Six

residents explained staff of the same and opposite gender supervise showers and when conducting room checks knock on the door to give them notice if residents are changing their clothes. During the facility tour, the auditor observed the resident's bathroom which have a shower that provides privacy. Bathroom doors are made of solid metal allowing privacy when residents are using the bathroom or taking a shower one at a time.

While on-site, there was one (1) transgender male resident housed at the facility. When the resident was admitted to the facility, staff promptly asked the resident his search preference which preferred female staff. The resident's preference was noted in the resident's file and entered in the log. All interviewed staff were aware 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.

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 and via mirror placement. After the site review was completed, the auditor and facility Director 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. 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. The auditor observed this practice by a female staff when entering one of the living units alerting residents to cover up. 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.

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.
- The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs, 100%.

Interview Results:

- All six (6) 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 wand 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. Staff interviewed confirmed they have never seen an opposite gender search a resident.
- Based on the above listed information, the facility meets the standard and complies with the standard for the relevant review period.

115.316 Residents with disabilities and residents who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16
- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 9, Admission and Release, Policy number 9-10, Orientation Materials, revised 9/1/13
- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 9, Admission and Release, Policy number 9-7, Resident Orientation, revised 4/22/19
- Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- District 6 Juvenile Detention Center Resident Education, sexual abuse pamphlet, English and Spanish versions
- Facility Handbook, English and Spanish versions

Interviews:

- Agency Designee-Facility Director/PCM
- Random Staff
- Random Residents
- Resident who had a physical disability

The District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures states in section 1F. Residents with disabilities and residents who are limited in English proficient. (PREA 115.316); 1. Procedures dealing with residents who are limited English proficient, or disabled are found in Policy 9-10.

Review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 9, Admission and Release, Policy number 9-10, Orientation Materials states in section I. Policy is to see that juveniles admitted to the Center are furnished with orientation materials that will clearly identify Center rules and regulations, juvenile rights, and responsibilities. II. Procedures A. Orientation Process; 1. The Admitting Detention Officer shall take the time necessary to explain each step of the admissions procedure and to answer and explain any questions that the juvenile may have. 5. If, at any time, a literacy or language barrier is recognized, the facility shall make good faith efforts to assure that the juvenile understands the orientation material. To assist in this the Resident Handbook is available in Spanish. If a juvenile is illiterate the staff may need to read the orientation materials to the juvenile. 6. The admitting detention officer shall take appropriate steps to ensure that residents with disabilities including, but not limited to, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities, have an equal opportunity to participate in or benefit from all aspects of the D6JDC's programs, and especially those efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Section 1a. As long as doing so will not cause any fundamental alteration in the nature of a service, program, or activity, or an undue financial and administrative burdens, such steps when necessary, may include, but not be limited to: 1. Providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, for residents who are deaf or hard of hearing, limited in English proficiency or are blind or have low vision. a). For the admissions process and during other routine operations, the D6JDC may utilize the services of resident interpreters, resident readers, or other types of resident assistants when necessary. If any incident regarding sexual abuse or sexual harassment is alleged by a resident through a resident interpreter, the resident interpreter's services will be stopped immediately and a staff interpreter or court interpreter shall be utilized, 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, or the investigation of a resident's allegations. 2. Providing materials in formats or through methods that ensure effective, age appropriate communication with residents with disabilities, including residents who have intellectual disabilities, or limited reading skills.

The District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 9, Admission and Release, Policy number 9-7, Resident Orientation states in section I. the policy to assure that juveniles are familiar with the Center's rules and regulations, schedule, expectations, available programs, services and the Center's Zero Tolerance policies regarding Sexual Harassment and Sexual Abuse. In section II. Procedure, A. Resident Handbook: 2. If the resident does not speak English, the officer will make all attempts to provide a handbook written in the appropriate language or locate an interpreter to read and discuss the handbook with the inmate. The resident will then be required to sign the acknowledgement form. (Spanish handbooks are available). 3. If the resident states that he/she is illiterate, the officer will make all attempts to either

go over the handbook with him or find someone else to help them. The resident will then be required to sign the acknowledgment form.

In Section B. Resident Education on Prison Rape Elimination Act: 2. If the resident has limited or no English proficiency, is hearing impaired, visually impaired, has limited reading skills, has intellectual, psychiatric, or speech disabilities, or is otherwise disabled, the intake officer shall provide said education in a format the resident can understand and fully comprehend. Such steps shall include providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Additionally, written materials are provided in formats or through methods that ensure effective communication with residents who have disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. Resident interpreters shall not be used except in limited circumstances where an intended delay could compromise the resident's safety, the performance of first-response duties, or the investigation of the resident's allegations. Staff shall document in the facility log and the inmate files any limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. The facility offers access to Language Services Associates, a qualified interpreter service where an interpreter will be on the line and provide residents who are limited English proficient.

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 facility Director 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 supervisors 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:

- Twelve random and specialized staff 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 no residents who had a physical disability. Six residents indicated that staff took the necessary time to fully explain all PREA related material. There were no residents who were limited English proficient, or who were blind, deaf, or hard of hearing.
- Interview with the facility Director indicated that if a resident exhibits such a disability, arrangements will be made to provide the necessary and required assistance.
- Intake Staff who were 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"> • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 1, Administration, Policy number 1-4, Hiring Procedures and Requirements, effective date 2/1/16 • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16 • Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Idaho Child Abuse and Neglect Central Registry form • District 6 Juvenile Detention Center forms; Employee/Individual User IJOS Confidentiality Agreement, Confidentiality Pledge, Five-year CBC, Juvenile Detention Code of Ethics, Acknowledgement of Training and Understanding of Prohibited Sexual Contract with Residents, Employment Application, Background Information Forms • District 6 Juvenile Detention Center Background Recheck Chart dated 9/30/22. <p>Interviews:</p> <ul style="list-style-type: none"> • Facility Management Assistant, H.R. • Facility Director <p>The review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures states in section G. Hiring and promotion decisions. (PREA 115.317); 1. Procedures governing hiring and promotions are found in Policy 1-4.</p> <p>The District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 1, Administration, Policy number 1-4, Hiring Procedures and Requirements requires policy to insure that the Center hires staff that are able to meet the requirements set by the Prison Rape Elimination Act (PREA), the Idaho Peace Officer Standards and Training (hereafter referenced as "P.O.S.T.") and earn the P.O.S.T. Basic Juvenile Detention Officer Certification as required in the Idaho Administrative Procedures Act (hereafter known as "IDAPA"), Chapter 11. Section II. Procedures; A. PREA Requirements a. The Center shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contract with the residents who-</p> <ul style="list-style-type: none"> i. 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) or while acting in any position where supervising other individuals was a part of the duties of the position, such as probation/parole officer, or law enforcement officer. ii. Has been convicted of or has been civilly or administratively adjudicated to have 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. <p>b. The Center shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractor, who may have contact with residents.</p> <p>Section C reads, before hiring new employees who may have contact with residents, the Center shall:</p> <ul style="list-style-type: none"> i. Perform a criminal background records check. ii. Consult any child abuse registry maintained by the Idaho Department of Health and Welfare. iii. 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. d. The Center shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services do any contractor who may have contact with residents. <p>The Idaho Peace Officer Standards and Training ("P.O.S.T.") and earn the P.O.S.T. Basic Juvenile Detention Officer Certification as required in the Idaho Administrative Procedures Act ("IDAPA") requires in section 5. A finding of guilt regardless of whether the sentence is imposed, suspended, deferred, or withheld, and regardless of whether the plea or conviction is set aside or withdrawn, or the case or charge is dismissed, or the record expunged under Section 19-2604, Idaho Code, or any other comparable statute or procedure, where the setting aside of the plea or conviction, or dismissal of the case or charge, or expungement of the record is based on lenity or the furtherance of rehabilitation rather than upon any defect in the legality or factual basis of the plea, finding of guilt, or conviction.</p> <ul style="list-style-type: none"> b. No person with a felony conviction as outlined in the IDAPA 11.11.01.052 be eligible for P.O.S.T. certification, and thereby will not be considered for employment. c. Any person 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), or has been criminally convicted, civilly or administratively adjudicated 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. d. Misdemeanor convictions may be considered based on the nature of the charge, length of time since conviction and the rules governing the granting of waivers by the

P.O.S.T. Council as outlined in the IDAPA 11.11.01.052-056. Furthermore, the facility Director and his/her designee will then further conduct a background investigation as authorized in IDAPA 11.11.01.056. The applicant's morality, integrity, reputation, honesty, dependability, qualifications, experience, associations, emotional stability, prejudice, and loyalty may be explored.

All applicants for the Center positions as described above shall be subject to or required to do the following: a. Sign an authorization for release of information. b. Provide personal information as is necessary to complete a criminal records check by the State Bureau of Criminal Identification (BCI). c. Provide forms necessary for the appropriate Federal Bureau of Investigation (FBI) fingerprint check. d. A check through the Department of Health and Welfare Child Protection Register for complaints: and sign a declaration disclosing facts of or lack of any criminal or child abuse history. 7. All background and criminal history information and fingerprints will be submitted to the Department of Law Enforcement or other law enforcement agency necessary to complete the criminal history check. 8. If the criminal history investigation discloses a criminal act or a valid complaint of child abuse, and these facts were not disclosed by the applicant on his/her declaration, that person shall be removed from consideration for employment at Center. Applicants may also be removed from consideration for employment based on the results of their criminal background investigation.

Policy 1-04, Section E. states that continuing employment and promotion requirements 1. The Center shall conduct criminal background record checks at least every five years of current employees and contractors who may have contact with residents. 2. The Center shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in section A. PREA Requirements of this policy in written applications or interviews for hiring or promotions in any interviews or written self-evaluations conducted as part of reviews of current employees. 3. All employees MUST report to the Director of the Center within 24 hours of any allegations or investigations of misconduct described in section A. PREA Requirements of this policy that they may be the subject of, or any convictions, either criminally, civilly, or administratively of such conduct. 4. Material omissions or failure to report to the Director regarding such misconduct, or the provision of materially false information, shall be grounds for termination. F. Reporting to other employers regarding former employees 1. Unless prohibited by law, the Center shall 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 and an authorization to investigate and release information which is signed by the former employee and notarized.

After interviewing the facility Management Assistant, H.R. Professional, and facility Director, 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 Director provided an employee and contractor spreadsheet listing when the initial checks and rechecks were completed. There were two employees that were in need of a recheck to meet standard subsection e-1. The two employees background checks were completed within a week and half after the on-site visit. 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: 9.
- 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: 2.
- Number of contractors who have contact with residents, currently authorized to enter the facility: 2.
- Number of volunteers who have contact with residents, currently authorized to enter the facility: 16.

Interview Results:

- The interview with facility Administrative Assistant, and Facility Director confirmed a hiring process that performs a criminal record background check on newly hired employees, contractors, and volunteers. The agency performs criminal record background checks on employees and contractors at least every four (4) years. Two (2) interviewed contractors and three (3) 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
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures states in section • Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Building Schematic Diagram • Video Surveillance List <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Designee-Facility Director/PCM <p>The review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures states in section C. Supervision and monitoring (PREA 115.313, 115.318) 4. During the annual Shift Schedule/PREA Planning Shift Supervisor meeting preferably held in November of each year, with the Director/PREA Coordinator, the facility's deployment of video or audio monitoring systems and other monitoring technologies shall be evaluated, and changes or suggestions will be made, documented, evaluated. a. If the reviewing staff members deem that changes are necessary to ensure the safety of the juveniles and compliance with the PREA Standards, D6JDC shall consult with the D6JDC Board of County Commissioners and the Bannock County Prosecuting Attorney's Office to commit necessary resources to do so. 5. Planning of any upgrade or change to any part of the D6JDC shall also include an evaluation of how the upgrade or change will impact the ability of the staff to protect juveniles against sexual abuse. a. A review of the facility's staffing plan and video, audio, or any other monitoring systems shall be done during the planning stages of any upgrades or changes to the facility, which will include, but not be limited to:</p> <ol style="list-style-type: none"> 1. Construction, remodel, alteration, addition or demolition of any part of the physical structure of the D6JDC. 2. Addition or subtraction of any video, audio, or any other monitoring devices. <p>The review of the Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) indicates no substantial expansion or modification since the last PREA audit in 2018. The facility Director reported there have been recent updates to the video monitoring system, electronic surveillance system, or other monitoring technology. Specifically, in the past twelve months, the facility upgraded to a new camera and intercom systems.</p> <p>The agency designee- Facility Director advised when the agency and facility plan substantial expansion to facilities, the agency considers the effects of changes on its abilities to protect residents from sexual abuse. Furthermore, considerations are given to enhance resident protection from sexual abuse when making updates or installing monitoring technology and video monitoring systems.</p> <p>There are sixty 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 Director and Supervisors. After conducting a camera review with the facility Director 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>Interview Results:</p> <ul style="list-style-type: none"> • Interviews with the Agency Designee-Facility Director indicated that there was no major expansion since the facility's last PREA audit. If there were any major building expansions or upgrades to the video monitoring system, the administrative team shall consult with the D6JDC Board of County Commissioners and the Bannock County Prosecuting Attorney's Office would be involved in the planning process. • Based on the above listed information, the facility meets the standard and complies with the standard for the relevant review period.

115.321 Evidence protocol and forensic medical examinations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 6, Health Services, Policy number 6-18, Abuse Reporting, revised 5/14/13
- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16
- Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- License Clinical Professional Counselor certificate for facility mental health staff
- Medical Staff Licenses

Interviews:

- Agency Designee- Facility Director, PREA Compliance Manager
- Medical and Mental Health Staff
- Administrative and Criminal Investigator
- Prosecutor’s Office
- Random Staff
- Random Residents
- Victim Advocate Center, Executive Director
- SAFE/SANE Charge Nurse

The review of District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, section 2, requires II. Responsive Planning; A. Evidence protocol and forensic medical examinations (PREA 115.321) 1. Procedures governing the acceptance of a report, grievance or allegation of sexual abuse and the immediate referral of said report to the Bannock County Sheriff’s Office (BCSO) and/or the Bannock County Prosecuting Attorney’s office are found in Policy 6-18. 2. Upon receipt of a report of sexual abuse, the BCSO will activate their Department’s Detectives PREA investigation team, and will arrange to provide all victims of sexual abuse a forensic medical examination to be conducted by an appropriately trained examiner, preferably a Sexual Assault Forensic Examiner (SAFE) or a Sexual Abuse Nurse Examiner (SANE). a. If such examination is not covered for payment by the BCSO, the D6JDC shall bear the cost of the examination. 3. BCSO PREA investigation team also includes referral to a victim advocate/rape crisis advocate (Family Service Alliance of Pocatello). a. If a victim advocate/rape crisis advocate is not referred through BCSO’s normal process, the Family Service Alliance of Pocatello will be contacted by the D6JDC as provided by the existing MOU. b. If any member of the D6JDC has been screened for appropriateness and has received appropriate training and education concerning sexual assault and forensic examinations issues in general, they may be assigned at the victim’s request to accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

Review of the same policy 2-18, section 12 requires Investigations, I. Review of the Investigations A. Criminal investigations (PREA 115.371) 1. Procedures governing the referral of cases involving sexual abuse and sexual harassment are found in Policy 6-18. 2. Where sexual abuse is alleged, the Bannock County Sheriff’s Office shall use investigators pursuant to their policies and procedures. It is anticipated that those policies and procedures will govern the following items: a. Specialized training in sexual abuse investigations involving juvenile victims. b. Gathering and preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; c. Interviewing alleged victims, suspected perpetrators, and witnesses; and d. Review of prior complaints and reports of sexual abuse involving the suspected perpetrator. e. Assessing the credibility of an alleged victim, suspect, or witnesses; on an individual basis, and not simply by the person’s status as an in-custody juvenile or staff. f. The prohibition of requiring a juvenile 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. g. The degree to which the D6JDC can be informed of the process of the investigation. 1. To the extent allowed by the investigating agency, the D6JDC shall endeavor to remain informed of the process and outcome of the investigation. 3. The D6JDC shall cooperate fully in any investigation and shall participate in any investigative process when requested to do so by the main investigative agency, including conducting compelled interviews as directed by the Bannock County Prosecuting Attorney’s Office or Bannock County Human Resources Department as long as the compelled interviews will not be an obstacle for subsequent criminal prosecution when the quality of evidence appears to support criminal prosecution. 4. 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.

The policy further states in section B; Administrative agency investigations (PREA 115.371) and evidentiary standard for administrative investigations (PREA 115.372) 1. Administrative investigations shall be conducted by the Bannock County Prosecuting Attorney's Office. a. D6JDC shall cooperate fully with administrative investigations. b. D6JDC shall participate in any investigative process involving administrative investigations only as directed by the Bannock County Prosecuting Attorney's Office. 2. Such administrative investigations shall include, but not be limited to the following items: a. An effort to determine whether staff actions or failures to act contributed to abuse, b. Written descriptions of the physical and testimonial evidence, c. Documentation of the reasoning behind credibility assessments, and d. Investigative facts and findings. 3. Substantiated allegations of conduct that appears to be criminal shall be referred to the Bannock County Prosecuting Attorney's Office for prosecution. 4. For administrative investigations, the D6JDC and/or the Bannock County Prosecuting Attorney's Office shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. C. Investigation reports 1. Any and all written reports that the D6JDC receives as a result of any criminal or administrative investigation completed as a result of an allegation, report of grievance involving sexual abuse shall be kept for a least seven (7) years past the juvenile's 18th birthday. 2. Reports of investigations involving sexual abuse by staff shall be turned over to the Bannock County Human Resources Department for inclusion in the staff member's file, which are kept for at least 10 years past termination date.

Review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 6, Health Services, Policy number 6-18, Abuse Reporting, section I. Policy is to see that incidents or suspected incidents of physical abuse, sexual abuse, sexual harassment, retaliation by other juveniles or staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents are reported to the appropriate agency for proper investigation. D. Reporting abuse that may have occurred at the Center; 2. Relevant information shall be gathered and then immediately reported to the Director, the Bannock County Prosecuting Attorney's Office, and the Bannock County Sheriff's office, even if initial relevant information indicates that the incident did not occur. 3. If abuse is suspected involving a facility staff member, the employee shall report their suspicion to the Director who shall contact the Bannock County Prosecuting Attorney's Office and the Bannock County Sheriff's office regarding an investigation of the incident. a. If the allegation involves the Director, or if the Director is not available at the time of the allegation, the employee must report directly to Bannock County Prosecuting Attorney's Office and the Pocatello Police Department immediately. 4. If the Director of the District 6 JDC receives notification from another agency that a juvenile has reported abuse which allegedly occurred while in the custody of the District 6 JDC, the Director shall immediately report the allegation to the Bannock County Prosecuting Attorney's Office and the Bannock County Sheriff's office and 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 Bannock County Prosecuting Attorney's Office and the Bannock County Sheriff's office.

Criminal investigations are referred to the Bannock County Sheriff's Department and the facility relies on the law enforcement agency for evidence collection that maximizes potential for obtaining useable physical evidence. The Sheriff's Department uses an evidence protocol and utilizes the local medical center for SAFE/SANE services who adheres to the equivalent of national standards. District 6 JDC shall have 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 D6JDC.

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, Portneuf Regional 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, Family Service Alliance Center for a victim advocate to respond in person to the medical center. According to staff at the Family Service Alliance 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 Memorandum of Understanding between Bannock County Commissioners, D6JDC, and Family Service Alliance Center for victim advocates respond to the local SAFE/SANE hospital. 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 clinicians. The designees have 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 random staff, Facility Director, 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 counselors' 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 FSAC Executive Director indicated victim advocate services will be available in a case of a sexual abuse at D6JDC and provide their services to residents free and in a confidential manner.
- There were no residents at D6JDC that reported sexual abuse or harassment allegations.
- Facility records indicated one (1) residents 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.
- 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

Supporting Documents, Interviews and Observations:

- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16
- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 6, Health Services, Policy number 6-18, Abuse Reporting, revised 5/14/13
- District 6 Juvenile Detention Center Memorandum, Summary of one sexual harassment incident dated 5/8/22
- Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Bannock County, District 6 Juvenile Detention Center Website

Interviews:

- Agency Designee-Facility Director, PREA Coordinator
- Investigative Staff
- Random Staff

Review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures requires, section II. Responsive Planning B. Policies to ensure referrals of allegations for investigations (PREA 115.322) 1. Procedures governing the acceptance of a report, grievance or allegation of sexual harassment and immediate referral of said report to the Bannock County Prosecuting Attorney's Office and/or the Bannock County Human Recourses Department are found in Policy 6-18.

Review of the same policy 2-18, section 12 requires Investigations, I. Review of the Investigations A. Criminal investigations (PREA 115.371) 1. Procedures governing the referral of cases involving sexual abuse and sexual harassment are found in Policy 6-18. 2. Where sexual abuse is alleged, the Bannock County Sheriff's Office shall use investigators pursuant to their policies and procedures. It is anticipated that those policies and procedures will govern the following items: a. Specialized training in sexual abuse investigations involving juvenile victims. b. Gathering and preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; c. Interviewing alleged victims, suspected perpetrators, and witnesses; and d. Review of prior complaints and reports of sexual abuse involving the suspected perpetrator. e. Assessing the credibility of an alleged victim, suspect, or witnesses; on an individual basis, and not simply by the person's status as an in-custody juvenile or staff. f. The prohibition of requiring a juvenile 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. g. The degree to which the D6JDC can be informed of the process of the investigation. 1. To the extent allowed by the investigating agency, the D6JDC shall endeavor to remain informed of the process and outcome of the investigation. 3. The D6JDC shall cooperate fully in any investigation and shall participate in any investigative process when requested to do so by the main investigative agency, including conducting compelled interviews as directed by the Bannock County Prosecuting Attorney's Office or Bannock County Human Resources Department as long as the compelled interviews will not be an obstacle for subsequent criminal prosecution when the quality of evidence appears to support criminal prosecution. 4. 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.

The policy further states in section B; Administrative agency investigations (PREA 115.371) and evidentiary standard for administrative investigations (PREA 115.372) 1. Administrative investigations shall be conducted by the Bannock County Prosecuting Attorney's Office. a. D6JDC shall cooperate fully with administrative investigations. b. D6JDC shall participate in any investigative process involving administrative investigations only as directed by the Bannock County Prosecuting Attorney's Office. 2. Such administrative investigations shall include, but not be limited to the following items: a. An effort to determine whether staff actions or failures to act contributed to abuse, b. Written descriptions of the physical and testimonial evidence, c. Documentation of the reasoning behind credibility assessments, and d. Investigative facts and findings. 3. Substantiated allegations of conduct that appears to be criminal shall be referred to the Bannock County Prosecuting Attorney's Office for prosecution. 4. For administrative investigations, the D6JDC and/or the Bannock County Prosecuting Attorney's Office shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. C. Investigation reports 1. Any and all written reports that the D6JDC receives as a result of any criminal or administrative investigation completed as a result of an allegation, report of grievance involving sexual abuse shall be kept for a least seven (7) years past the juvenile's 18th birthday. 2. Reports of investigations involving sexual abuse by staff shall be turned over to the Bannock County Human Resources Department for inclusion in the staff member's file, which are kept for at least 10 years past termination date.

The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal and administrative investigations is published on the agency/facility website. The facility Director submitted a memorandum of clarification advising that during the current review period there have been no allegations of sexual harassment or sexual abuse or investigations. The Facility Director provided a memorandum describing an allegation resulting in one female resident touched another on the buttock. After video review and interviewing residents, which resulted in the contact being incidental and not in any manner sexual in nature. Both residents involved stated the other resident touched the other resulting in a false allegation. After review of the allegation, it was questionable the resident was seen or referred to medical staff even though both residents involved reported no injuries from the contact.

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 one (1), youth on youth sexual abuse allegation.
- 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:

- All twelve 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:

- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 1, Administration, Policy number 1-6, Staff Training and Development, revised 1/15/16
- District 6 Juvenile Detention Center Prison Rape Elimination Act (PREA) Staff Training PowerPoint Presentation, Prevent, Report, Eliminate, Abuse and Sexual Harassment
- Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Staff Acknowledgement of PREA Training

Interviews:

- Agency Designee-Facility Director, PREA Compliance Manager
- Random and Specialized Staff

The review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 1, Administration, Policy number 1-6, Staff Training and Development, requires in section 1, I. Policy to promote professionalism, ensure consistent operational practices and maintain compliance with municipal, state, and federal laws & Idaho Detention Facility Standards. All scheduled meetings and training are mandatory for continued employment. If an employee cannot attend, they must send the Director written notice of why they will not be there 5 days in advance. If an employee fails to attend a scheduled meeting or training, he/she will be disciplined and may be required to obtain and pay for the training on his/her own. Employee may also be barred from working until certification is accomplished.

In section II. Procedures; 1. Orientation: All employees will receive forty (40) hours of training before assuming full responsibility for their assignment. Training will be planned, coordinated, and implemented by the Lead Supervisor who will be assisted by qualified individuals, including Administrative Staff and Supervisors. Orientation will include completing the POST's Juvenile Detention Officer Training Manual and focus areas including: m. Detecting and reporting Child abuse; p. Juvenile rules of conduct; q. Security devices and procedures; r. Supervision of Juveniles; u. National Institute of Corrections PREA training. 3. Other Training / In-service Training: After the first year of employment all staff receives training on an annual basis. a. Full time Detention officers Forty (40) hours. On-call twenty (20) hours. b. In service Training is of a nature to increase the employee's knowledge and competency. Staff may be tested on In-service training when appropriate. The following types of instructional programs may be accepted as In-service Training if the Director determines it is job related: iv. Courses offered by the Center, the National Institute of Corrections, and Idaho POST Academy. xiv. Sexual Harassment xv. Searches xvii. The Prison Rape Elimination Act of 2003 and accompanying standards.

The PREA Coordinator-Facility Director 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 2020, 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/PCM provided the training/event sign in sheets indicating staff attendance and acknowledged their understanding. Training records are maintained for each staff member. Staff members are responsible to report to the Director all training completed as soon as possible. Those records shall include; a. Staff members name; b. Assignment; c. Date hired; d. Current, up to date list of all training completed.

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 reported were twenty-two (22.)

Interview Results:

- Twelve 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.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16
- District 6 Juvenile Detention Center Prison Rape Elimination Act (PREA) Contractor, Volunteer, Intern Training PowerPoint Presentation, Prevent, Report, Eliminate, Abuse and Sexual Harassment
- Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Resident PREA Training and Understanding of required resident education sign off sheets
- Resident PREA prohibited sexual contact with residents sign off sheets
- Sexual Assault Awareness Acknowledgement Forms

Interviews:

- Facility Director- PREA Compliance Manager
- Volunteers and Contractors who have contact with residents

A review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures requires in section III. Training and Education; A. Employee training (PREA 115.332) 1. Procedures governing employee PREA training are found in Policy 1-6. B. Volunteer and contractor training (PREA 115.332) 1. The D6JDC shall train all volunteers or contractors who have contact with residents on their responsibilities for sexual abuse and sexual harassment prevention, detection, and response policies and procedures. 2. All volunteers and contractors shall sign and document that they have received training on PREA and that they understand said training. 3. 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, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. a. Volunteers and contractors shall be evaluated, rated on a tiered system given training based on the level of contact that they may have with residents. 1. Tier 1. a. Characteristics: 1. Routine and frequent entry into the facility. 2. Unsupervised contact with residents. 3. Unescorted b. Includes, but not limited to: 1. Juvenile Probation Officers 2. Programing counselors 3. School Teachers/counselors 4. Medical Staff (MOU with Pocatello Family Medicine) 5. Metal Health Staff (MOU with Idaho Department of Juvenile Corrections/Health and Welfare) 6. Support Staff c. Training shall include, but not be limited to: 1. Face to face training with Director/PREA Coordinator, or Lead Supervisor/Training Coordinator. 2. D6JDC's zero tolerance policy regarding sexual abuse and sexual harassment. 3. Juvenile's right to be free from sexual abuse and sexual harassment. 4. The right of juveniles and employees to be free from retaliation for reporting sexual abuse and sexual harassment. 5. The dynamics of sexual abuse and sexual harassment. 6. Procedures including how to report such incidents. 7. Training acknowledgement form with must be signed by the Tier 1 volunteer/contractor acknowledging the receipt and understanding of training. 2. Tier 2 a. Characteristics: 1. Routine and frequent entry into facility. 2. No unsupervised contact with residents. 3. Unescorted b. Includes, but not limited to: 1. Maintenance workers 2. Barber/beautician c. Training shall include, but not be limited to: 1. Face to face training with Director/PREA Coordinator, or Lead Supervisor/Training Coordinator. 2. D6JDC's zero tolerance policy regarding sexual abuse and sexual harassment. 3. Juveniles' right to be free from sexual abuse and sexual harassment. 4. The right of juveniles and employees to be free from retaliation for reporting sexual abuse and sexual harassment. 5. Procedures including how to report such incidents. 6. Training acknowledgment form which must be signed by Tier 2 volunteer/contractor acknowledging the receipt and understanding of training. 3. Tier 3 a. Characteristics: 1. Rare or inconsistent entry into facility. 2. Unsupervised contact with residents. 3. Escorted b. Includes, but not limited to: 1. Clergy c. Training shall include, but not be limited to: 1. Informational sheet which will be explained by a D6JDC staff member also must be read and signed by Tier 3 volunteer/contractor acknowledging the receipt and understanding of training. 2. D6JDC's zero-tolerance policy regarding sexual abuse and sexual harassment. 3. Procedures including how to report such incidents. 4. Tier 4 a. Characteristics: 1. One-time visitor 2. No unsupervised contact with residents 3. Escorted b. Includes, but not limited to: 1. School guest speakers. 2. Tours 3. Special Guests c. Non-recurring visitor does not meet the criteria for volunteer or contractor, no training required. The Facility Director provided the training/event sign in sheets indicating volunteer and contractor attendance and acknowledged their understanding. Training records are maintained for each volunteers and contractors.

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 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 fourteen (14).

Interview Results:

- Interviews with two contractors, one local school board educational staff and one medical staff and three volunteers (3) 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- Compliance Manager 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.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16
- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 9, Resident Orientation, Policy number 9-7, Search, Inventory and Personal Property, revised 4/22/19
- Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Resident PREA Training and Understanding of required resident education sign off sheets
- Resident PREA prohibited sexual contact with residents sign off sheets
- Sexual Assault Awareness Acknowledgement Forms
- Sexual Assault Awareness and PREA pamphlet and Reporting Forms

Interviews:

- Facility Director- PREA Compliance Manager
- Intake Staff
- Random and specialized residents

The review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures requires in section 3 C. Resident education (PREA 115.333) 1. Procedures regarding resident PREA education at admissions and follow up resident PREA education within 10 days of admissions are found in Policy 9-7.

Review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 9, Resident Orientation, Policy number 9-7, Search, Inventory and Personal Property, section I., policy requires to assure that juveniles are familiar with the Center's rules and regulations, schedule, expectations, available programs, services and the Center's Zero Tolerance policies regarding Sexual Harassment and Sexual Abuse.

Section II. Procedure A. Resident Handbook: 1. The resident will be given a copy of the resident handbook to read and learn about the rules and regulations of the center. The resident will sign an acknowledgment that they have been given the handbook and that they know it is their responsibility to read it and adhere to the rules therein. 2. If the resident does not speak English, the officer will make all attempts to provide a handbook written in the appropriate language or locate an interpreter to read and discuss the handbook with the inmate. The resident will then be required to sign the acknowledgement form. (Spanish handbooks are available). 3. If the resident states that he/she is illiterate, the officer will make all attempts to either go over the handbook with him or find someone else to help them. The resident will then be required to sign the acknowledgment form. B. Resident Education on Prison Rape Elimination Act:

In section B1. The resident will be given a comprehensive education session by the intake officer. This session will include explaining the centers zero tolerance policy regarding sexual abuse and harassment; this can be done by reading the Sexual Assault Awareness form or listening to the audio/video segment from the computer, showing the resident the section regarding abuse in the Resident Handbook and providing the Sexual Assault Awareness and the Prison Rape Elimination Act pamphlet. The pamphlet is written at a third-grade reading level and if necessary, based on any disabilities, the brochure will be read by staff to all juveniles in groups or individually.

The intake officer will ensure that the resident fully understands the zero-tolerance policy regarding sexual harassment and sexual abuse, how to report incidents or suspicions of sexual abuse or harassment and the zero-tolerance policy regarding retaliation for reporting. 2. If the resident has limited or no English proficiency, is hearing impaired, visually impaired, has limited reading skills, has intellectual, psychiatric, or speech disabilities, or is otherwise disabled, the intake officer shall provide said education in a format the resident can understand and fully comprehend. Such steps shall include providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Additionally, written materials are provided in formats or through methods that ensure effective communication with residents who have disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

Resident interpreters shall not be used except in limited circumstances where an intended delay could compromise the resident's safety, the performance of first-response duties, or the investigation of the resident's allegations. The resident will be required to sign the Sexual Assault Awareness form acknowledging the comprehensive education session and their understanding of such. On-going resident education is provided every Saturday 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 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 residents needs.

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.

Five out of six 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.

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 three hundred fifty (350).
- The 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 two hundred fifty-one (251).
- 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 two hundred seven (207).

Interview Results:

- The 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.
- Six 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.
- Based on the above listed information, the articulation of resident regarding all resident education material, overall resident knowledge of PREA beginning at admission and throughout their length of stay, all relevant training documents and information the facility meets the standard for the relevant review period.

115.334	Specialized training: Investigations
	<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 1493 510" style="list-style-type: none"> • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16 • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 6, Health Services, Policy number 6-18, Abuse Reporting, revised 5/14/13 • Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p data-bbox="242 539 363 568">Interviews:</p> <ul data-bbox="284 618 895 680" style="list-style-type: none"> • Facility Director- PREA Compliance Manager • Administrative and Criminal Investigator from outside entity <p data-bbox="242 710 1484 837">Review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, requires in section 3 Training and Education; D. Specialized training: Investigations (PREA 115.334) 1. D6JDC Staff shall refer all allegations of sexual abuse as outlined in 6-18. 2. D6JDC staff shall not conduct any investigations but will act under the direction of the investigating agency.</p> <p data-bbox="242 866 1493 1196">Review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 6, Health Services, Policy number 6-18, Abuse Reporting, section D. Reporting abuse that may have occurred at the Center; 2. Relevant information shall be gathered and then immediately reported to the Director, the Bannock County Prosecuting Attorney's Office, and the Bannock County Sheriff's office, even if initial relevant information indicates that the incident did not occur. 3. requires if abuse is suspected involving a facility staff member, the employee shall report their suspicion to the Director who shall contact the Bannock County Prosecuting Attorney's Office and the Bannock County Sheriff's office regarding an investigation of the incident. a. If the allegation involves the Director, or if the Director is not available at the time of the allegation, the employee must report directly to Bannock County Prosecuting Attorney's Office and the Pocatello Police Department immediately. b. Employees shall be afforded their rights and due process in accordance with the Bannock County Personnel Manual, Garrity rules and other applicable laws.</p> <p data-bbox="242 1225 1369 1254">Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:</p> <ul data-bbox="284 1303 1331 1332" style="list-style-type: none"> • The number of investigators currently employed who have completed the required training are zero (0). <p data-bbox="242 1361 437 1391">Interview Results:</p> <ul data-bbox="284 1440 1481 1668" style="list-style-type: none"> • Interview with the criminal and administrative Investigator from the Bannock 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 Bannock County Prosecutor Attorney's Office representative, indicates allegations are investigated in conjunction with the Sheriff's Department investigated and prosecuted when warranted. • The Agency Level designee-Facility Director 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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16 • Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • District 6 Juvenile Detention Center PREA and Staff Sexual Misconduct Training Power Point Presentation • National Institute of Corrections Training certificate email for medical and mental health staff <p>Interviews:</p> <ul style="list-style-type: none"> • Medical Nurse • Mental Health Clinician <p>The initial review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, section E. requires Specialized Training: Medical and mental health care (PREA 115.335) 1. D6JDC will ensure that all full and part time medical and mental health care practitioners who work regularly in the facility are trained in a. How to detect and assess signs of sexual abuse and sexual harassment. b. How to preserve physical evidence of sexual abuse. c. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment, and d. How to and whom to report allegations or suspicions of sexual abuse and sexual harassment. 2. D6JDC shall maintain documentation that medical and mental health practitioners have received the training referenced in this policy either from the D6JDC or elsewhere. 3. Medical and mental health care practitioners shall receive the training mandated for employees under 115.331 or for contractors and volunteers under 115.332, depending upon the practitioner's status at the D6JDC. Forensic examinations are completed by certified nurses and examiners at Portneuf Regional Medical located a short distance from the facility. The Facility Director provided documentation indicating one medical and two mental health clinicians completed the specialized training.</p> <p>Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:</p> <ul 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 three (3) staff. One medical nurse and one mental health clinician. <p>Interview Results:</p> <ul 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 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
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16 • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 9, Admissions and Release, Policy number 9-8, Classification and Housing, revised 4/13/16 • District 6 Juvenile Detention Center Vulnerability Assessment instrument: Risk of Victimization/Sexually Aggressive Behavior/Overall Risk • Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • D6JDC Admission Form <p>The review of District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, section 9 requires Screening for Risk of Sexual Victimization and Abusiveness. A. Obtaining information from residents (PREA 115.341) 1. Procedures governing obtaining information from residents pursuant to PREA Standard 115.341 are found in Policy 9-8.</p> <p>District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 9, Admissions and Release, Policy number 9-8, Classification and Housing section I. Policy requires juveniles are classified according to their risk, charges, and behavior in the Center. II. Procedure A. Obtaining information from residents 1. During the booking process which shall occur immediately following admission to the Center, or if delayed because of resident is uncooperative or under the influence of drugs or alcohol, as soon as possible after admission but no later than 72 hours of the juvenile’s confinement, D6JDC staff shall obtain and use information about each juvenile’s personal history and behavior to make informed decisions in an effort to keep each juvenile safe and reduce the risk of sexual abuse by or upon a juvenile. a. Such assessments shall be conducted using the screening instrument adopted by D6JDC. b. Such assessments shall be completed and documented as least every 60 days during the juvenile’s stay in the Center or more often as needed. 2. At a minimum, D6JDC staff shall attempt to obtain information about: a. Prior sexual victimization or abusiveness; b. 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.</p> <p>c. Current charges and offense history; d. Age; e. Level of emotional and cognitive development; f. Physical size and stature; g. Mental illness or mental disabilities; h. Intellectual or developmental disabilities; i. Physical disabilities; j. Gang involvement; k. The juvenile’s own perception of vulnerability; and l. Any other specific information about individual juveniles that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other juveniles. 3. This information shall be ascertained through conversations with the juvenile during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the juvenile’s files. 4. D6JDC staff shall disseminate all responses to questions asked pursuant to this standard only on an as needed basis only to ensure that sensitive information is not exploited to the resident’s detriment by staff or other juveniles.</p> <p>The Intake staff conducts an interview to ascertain information about a juvenile’s personal history and behavior to reduce the risk of Sexual Abuse by or upon a juvenile. The facility use Vulnerability Assessment Victimization instrument. At a minimum, D6JDC is required to attempt to ascertain information about: prior Sexual victimization or abusiveness; any gender nonconforming appearance or mannerisms, or self- identification as lesbian, gay, bisexual, transgender, or intersex, and whether the juvenile may, therefore, be vulnerable to sexual abuse; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; intellectual or developmental disabilities; physical disabilities; the juvenile’s own perception of vulnerability; and; any other specific information about individual juveniles that may indicate a heightened need for supervision, additional safety precautions, or separation from certain other juveniles. Information is ascertained through conversations with the resident during the intake process and medical health screening and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident’s file.</p> <p>Resident file review verified the facility administration meets with the resident within 72 hours of admission, re-assessments taking place within 60 days when residents are housed at the facility which is on rare occasions. Risk reassessments are documented using the Vulnerability Assessment instrument: Risk of Victimization/Sexually Aggressive Behavior/Overall Risk. 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</p>

know basis.” D6JDC 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 D6JDC, 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 Director
- Intake Staff
- Staff that performs 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 fifty-one (251).

Interview Results:

- With regards to youth screening questions (115.341 and 342), six (6) 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 on the same day 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.
- The Intake staff explaining the process when a resident is admitted to the facility. Intake staff also 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 72-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.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16 • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 9, Admissions and Release, Policy number 9-8, Classification and Housing, revised 4/13/16 • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 5, Hygiene, Policy number 5-1, Personal Hygiene and Hygiene Items, effective 4/1/12 • District 6 Juvenile Detention Center Vulnerability Assessment instrument: Risk of Victimization/Sexually Aggressive Behavior/Overall Risk • Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • District 6 Juvenile Detention Center Admission Form • Facility Log Staff Note regarding bed assignment <p>Interviews:</p> <ul style="list-style-type: none"> • Facility Director • Staff who Supervise residents in Isolation • Staff that performs 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 <p>Review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, section 9 requires Screening for Risk of Sexual Victimization and Abusiveness. A. Obtaining information from residents (PREA 115.341) 1. Procedures governing obtaining information from residents pursuant to PREA Standard 115.341 are found in Policy 9-8. B. Placement of residents in housing, bed, program, education, and work assignments (PREA 115.342) 1. Procedures governing the use of information obtained from residents pursuant to the PREA Standard 115.341 are found in Policy 9-8. 2. Procedures regarding the showering of residents are found in Policy 5-1.</p> <p>The review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 9, Admissions and Release, Policy number 9-8, Classification and Housing, B. Placement of residents in housing, bed, program, educational, and work assignments. 1. D6JDC shall use all information obtained pursuant to section A of this education, and work assignments for juveniles with the goal of keeping all juveniles safe and free from sexual abuse. 2. Placement in single-occupancy sleeping rooms does not, of itself, qualify as isolation. a. All juveniles shall be placed in single-occupancy sleeping rooms until the population in D6JDC surpasses the number of such available rooms, at which time the dorm will be utilized as a multiple-occupancy room. 3. Juveniles may be isolated from others during normal activities only as a last resort when less restrictive measures are inadequate to keep them and other juveniles safe, and then only until an alternative means of keeping all juveniles safe can be arranged. a. During any period of isolation, D6JDC shall not deny juveniles daily large-muscle exercise and any legally required educational programming or special education services unless documented behavior or other factors make the juvenile a danger to other juveniles or staff. b. Juveniles in isolation pursuant to this section shall receive daily visits from a medical or mental health care clinician. c. Juveniles in isolation pursuant to this section shall also have access to other programs and work opportunities to the extent possible. 4. Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in a particular housing, bed, or other assignments solely on the basis of such identification or status. 5. D6JDC shall not consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. 6. In making other housing and programing assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the juvenile's health and safety, and whether the placement would present management or security problems. 7. Placement and programing assignments for each transgender or intersex juvenile shall be reassessed at least twice each rear to review any threats to safety experienced by the juvenile. 8. A transgender or intersex juvenile's own views with respect to his or her own safely shall be given serious consideration. 9. Procedures governing the prohibition of more than one juvenile being allowed to shower in the same shower area at the same time are found in Policy 5-01. 10. If a juvenile is isolated pursuant to paragraph (b) of this section, D6JDC shall clearly</p>

document: a. The basis for the facility's concern for the juvenile's safety; and b. The reason why no alternative means of separation can be arranged. c. Documentation of a review every 30 days of isolation status to determine if there is a continuing need for further separation from the general population. 11. If a juvenile scores high on the assessment indicating an increased vulnerability for sexual victimization, that juvenile, to the extent possible, should be placed in an observation room or a room close to the control room to foster increased supervision.

The review of District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 5, Hygiene, Policy number 5-1, Personal Hygiene and Hygiene Items, section I. requires policy to see that juveniles are given adequate opportunities to practice good hygiene and are issued those hygiene items necessary for clean and sanitary living. II. Procedures, A. Showers 1. Juveniles shall be given the opportunity to shower daily. 2. All Juveniles will be showered separately.

The Facility Director and Screening (supervisory) staff confirmed the practice regarding placement of residents in housing, bed, program, education, and work assignments, the D6JDC 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 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 Director 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 D6JDC.

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:

- The interviews with screening staff, supervisors, and Facility Director 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) transgender male 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 or intersex, 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:

- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16
- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 6, Health Services, Policy number 6-18, Abuse Reporting, revised 5/14/13
- Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 1, Administration, Policy number 1-6, Staff Training and Development, revised 1/15/16
- District 6 Juvenile Detention Center Prison Rape Elimination Act (PREA) Staff Training PowerPoint Presentation, Prevent, Report, Eliminate, Abuse and Sexual Harassment
- District 6 Juvenile Detention Center Youth Handbook

Interviews:

- Facility Director- Compliance Manager
- Random Staff
- Random Residents
- Residents who Report Sexual Abuse

The review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, section 10 requires, Reporting A. Juvenile reporting (PREA 115.351).

The review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 6, Health Services, Policy number 6-18, Abuse Reporting, section I. Policy requires to see that incidents or suspected incidents of physical abuse, sexual abuse, sexual harassment, retaliation by other juveniles or staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents are reported to the appropriate agency for proper investigation. II. Procedure, A. Reporting methods 1. District 6 JDC shall accept: a. Written reports b. Verbal reports c. Anonymous reports d. Third party reports (refer to section F, below.) 2. All verbal reports shall be immediately documented and forward to the director. B 3. Juveniles shall be provided access to tools necessary to make a written report if requested, including, but not limited to writing utensil, paper, and envelope. 4. District 6 JDC shall provide and maintain multiple internal ways for juveniles to privately report physical abuse, sexual abuse, sexual harassment, retaliation by other juveniles or staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents, including, but not limited to: a Reporting to staff members b. Reporting to clerical staff c. Reporting to the Director. d. Reporting via confidential suggestion box(es), which shall be checked on a daily basis by the 6pm-6am shift supervisor. 5. District 6 JDC shall provide and maintain Multiple ways for juveniles to report physical abuse, sexual abuse, sexual harassment, retaliation by other juveniles or staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to a public or private entity or office that is not part of District 6 JDC and that is able to receive and immediately forward juvenile reports of sexual abuse and sexual harassment to District 6 JDC officials, allowing the juvenile to remain anonymous upon request, including the following, which may include, but not be limited to: a. Reporting to the teacher (School District 25 employee) b. Reporting to mental health staff (Counseling employee) c. Reporting to medical staff (Pocatello Family Medicine employees) d. Reporting to probation officers (Bannock County Juvenile Justice Department) e. Reporting to Bannock County public defender f. Reporting to the Domestic Violence/Rape Crisis (DVRC) g. Reporting to the National Sex Assault Hotline h. Reporting to local law enforcement officers i. Reporting to juvenile detention inspection team members k. Reporting to PREA Auditor within the appropriate time period preceding District 6 JDC's PREA Audit. 6. A juvenile who alleges sexual abuse may utilize the grievance process within an envelope addressed to the Director so that the grievance is not submitted to, or referred to, the staff member who is the subject of the complaint.

In Section C. Reporting abuse that may have occurred prior to admission 1. In the event that staff observe indications of child abuse/neglect while the juvenile is being admitted, or at any time receives information or has reason to believe that the juvenile has been abused prior to admission, relevant information shall be gathered and then immediately reported to the local law enforcement agency having jurisdiction where the alleged abuse took place and/or the Department of Health and Welfare, Family and Children's Services. a. Relevant information should include, but not be limited to: 1. Photos of bruising or injuries 2. Statements from juvenile 3. Observations of reporting or participating staff members. b. Facilitate a follow up meeting with a medical or mental health practitioner as outlined in Policy 2-18. D. Reporting abuse that may have occurred

at the Center. 1. Upon receipt of any allegation that a juvenile has been abused while in the custody of District 6 JDC, either by another juvenile or a staff member, staff shall have full authority to act in any way which protects the resident from any further sexual abuse, sexual harassment, or retaliation. Staff must immediately report any knowledge, suspicion, or information they have received regarding an incident of sexual abuse or sexual harassment to the director. Staff will report immediately retaliation against residents or staff who reports such an incident. Staff will report immediately any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions

Review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 1, Administration, Policy number 1-6, Staff Training and Development, requires in section 4. PREA Training a. The D6JDC shall also train all employees who may have contact with residents on: ii. How to fulfill the responsibilities of sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; iii. Juveniles' right to be free from sexual abuse and sexual harassment; iv. The right of juveniles and employees to be free from retaliation for reporting sexual abuse and sexual harassment; vii. 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 juveniles; x. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. b. Training needs shall consider the needs and attributes of the juveniles in custody. c. PREA training shall be done on an annual basis. d. All employees shall sign and document that they have received training on PREA and that they understand said training. The auditor contacted several community advocate organizations such as Just Detention International and Family Alliance Center 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. All six interviewed 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 located 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 two grievance boxes. 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. 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 entities outside of the facility by reporting such incidents to the Family Service Alliance. 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 D6JDC, 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. Interview with the Agency Designee-Facility Director 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.

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:

- Six (6) 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 a few ways they could report sexual abuse and harassment; they can report verbally, in writing and through third parties.
- Five of six residents interviewed stated that they have more than two ways to report such as tell a staff member and call the reporting line.
- Mostly all 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.

115.352 Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16
- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 6, Health Services, Policy number 6-18, Abuse Reporting, revised 5/14/13
- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 7, Rules and Discipline, Policy number 7-3, Grievance Procedure, revised 4/1/16
- Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Sample of Grievance Forms, non-sexual related

Interviews:

- Agency Level Designee-PCM/Facility Director
- Random Staff
- Random Residents
- Residents who Report Sexual Abuse

The review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, section 10 requires, Reporting, B. Exhaustion of administrative remedies (PREA 115.352) 1. The following procedures are found in Policy 7-3. a. The handling of grievances and administrative remedies. b. The timeline for agency decisions. c. The assumption of denial if no agency decision is returned to juvenile. d. The handling of any emergency grievances. 2. The following procedures are found in Policy 6-18. a. The submission of grievances without submitting it to the staff member who is the subject of the allegation. b. The submission of grievances without having it referred to the staff member who is the subject of the allegation. c. The handling of emergency grievances. d. The handling of third-party reports or grievances. 3. Procedures regarding disciplining any juvenile for filing a false report are found in Policy 7-1.

District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 6, Health Services, Policy number 6-18, Abuse Reporting, section I. policy requires that incidents or suspected incidents of physical abuse, sexual abuse, sexual harassment, retaliation by other juveniles or staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents are reported to the appropriate agency for proper investigation. II. Procedure, A. Reporting methods 1. District 6 JDC shall accept: a. Written reports. c. Anonymous reports. d. Third party reports (refer to section F, below.) 2. All verbal reports shall be immediately documented and forward to the director. 3. Juveniles shall be provided access to tools necessary to make a written report if requested, including, but not limited to writing utensil, paper, and envelope. 6. A juvenile who alleges sexual abuse may utilize the grievance process within an envelope addressed to the Director so that the grievance is not submitted to, or referred to, the staff member who is the subject of the complaint. F. Third party reporting. 1. Third parties, including fellow residents, staff members, family members, attorneys, outside advocates and others, shall be permitted to assist residents in filing reports, allegations, grievances, and requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.

District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 7, Rules and Discipline, Policy number 7-3, Grievance Procedure, requires in section D. If a resident reports Sexual Assault, Abuse, or Harassment through the grievance procedure. The grievance will be handled under Policy 2-18, PREA. 1. There shall be no time limit for the filing of grievances, reports, or allegations of abuse. 2. Upon receipt of any grievance, report of allegation under this section D6JDC staff shall immediately take necessary steps to ensure that the resident is safe from any further abuse, harassment, or retaliation. a. If the juvenile expresses an emergency need to be protected from any abuse, harassment, or retaliation, any and all D6JDC staff shall have authority to respond and act immediately and put the safety of the juvenile ahead of any other duties, assignments or activities until initial protective measures are completed. Such measures are to be taken as the D6JDC initial response. b. Within 5 days, D6JDC shall issue and document a final determination as to whether or not D6JDC deems the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. 3. The juvenile submitting the grievance shall not be required to use or be subject to any informal grievance process or informal resolution of any alleged incident of abuse. 4. Agency decision timeline. a. Within 90 days of the filing of a grievance involving abuse, D6JDC shall issue a final decision regarding the merit of the grievance. i. Any time spent by the resident preparing an administrative appeal shall not be counted as part of the 90-day period. b. D6JDC may claim an extension of up to 70 days to issue a final decision if the normal time period is insufficient to make an appropriate

decision. i. D6JDC must notify the juvenile in writing of the extension and specify the date by which a decision will be made. c. PREA Standard 115.352 states that if a resident does not receive a response within the specified time period it shall be considered denial, However, unless good reason exists, D6JDC shall endeavor to issue a written decision and respond to all grievances within the specified time period.

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 located 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 two grievance boxes. The Facility Director notified the auditor of receiving the notice and was within the required timeline pursuant to the agency policy. A test call was completed using the external/private entity number, third party reporting, and center staff responded immediately while she also explained the reporting and investigating process when a resident reports sexual abuse and harassment. The Facility Director advised during the current audit period there have been no occurrences of grievances alleging sexual abuse. The Facility Director stated in the past twelve months there have been no grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days.

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 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. Staff interviews confirmed there is a grievance process relating to sexual abuse or sexual harassment complaints at the facility.
- All six 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. All six resident 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.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16 • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 8, Visitation, Privileged, Policy number 8-5, Mail, Telephone, and Visitation Safety and Security, revised 5/14/16 • Memorandum of Understanding between District 6 Juvenile Detention Center and Family Services Alliance dated 5/29/13 • Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Website for Reporting Information • Resident Handbook <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Level Designee-Facility Director/PCM • Random Staff • Random Residents • Residents who Report Sexual Abuse <p>Review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, section 8 C. requires resident access to outside support services and legal representation (PREA 115.353) 1. The D6JDC shall enter into, maintain, and make accessible an MOU with the Pocatello Family Services Alliance to provide confidential emotional support services related to sexual abuse. 2. The D6JDC shall also provide residents with access to the following outside victim advocates by posting non-monitored, free-access phone numbers for the following services. A. Family Service Alliance 24-Hour Sexual Assault Crisis Line. (208)251-4357. b. The National Sex Assault Hotline. 1-800-656-4673. 1. Juveniles Detained solely for civil immigration purposes may call the National Sex Assault Hotline, pursuant to the pamphlet published by the Department of Homeland Security. 3. Informational posters shall be posted in the phone area which outlines 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. 4. Procedures governing reasonable and confidential access to their attorneys and reasonable access to their parents following an alleged incident in which the juvenile may have been a victim of sexual abuse are found in Policies 8-3, 8-5, and 8-8.</p> <p>The review of District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 8, Visitation, Privileged, Policy number 8-5, Mail, Telephone, and Visitation Safety and Security requires in section I. Policy, to allow attorneys, clergy members, court personnel to visit confidentially with juveniles, the Center will provide privileged visitation in accordance with this policy. II. Procedure, A. Privileged Visitation, 1. Privileged visitation shall consist of visitation between a juvenile and any of the following for official legal or religious reasons only: a. Juvenile’s legal representatives or their appointed delegates, b. Representatives of the Prosecuting Attorney’s Office, k. Representatives from local Rape Crisis Service agency: Family Service Alliance of Pocatello. l. Reasonable visits with parent or legal guardian following an incident involving sexual abuse there the juvenile is the alleged victim. 2. Privileged visitation shall not be monitored, except for visual contact or at visitor's request. 3. Privileged visitation shall not be counted toward any juvenile's weekly allotment of visitation time. 4. Privileged visitation may occur at any time and shall not be limited in duration. 6. Privileged visitation shall be of the contact type unless otherwise indicated by the juvenile or visitor, or the facility administrator determines there is a substantial security justification to restrict the visit to a non-contact type. When a contact visit is not allowed, the reasons for the restriction shall be documented in the juvenile’s record. 7. Privileged visitation may not be revoked for disciplinary reasons. 8. All privileged visitation shall be subject to limitations dictated by facility security and order</p> <p>When a resident requests emotional support services, the facility contacts the local rape crisis center, Family Service Alliance Center 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 Family Service Alliance Center, 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 Memorandum of Understanding between Bannock County Commissioners, D6JDC, and Family Service Alliance Center for emotional support services.</p> <p>All twelve resident interviews indicated they can make a report of sexual abuse using both internal and external methods,</p>

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 educate residents on emotional support services offered by the Family Service Alliance. 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 Family Service Alliance.

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:

- All six (6) 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 D6JDC pamphlet, English and Spanish versions, Resident Education material, PREA video.
- All six 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 D6JDC 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.

115.354	Third-party reporting
	<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 1493 678" style="list-style-type: none"> • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16 • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 6, Health Services, Policy number 6-18, Abuse Reporting, revised 5/14/13 • Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 1, Administration, Policy number 1-6, Staff Training and Development, revised 1/15/16 • District 6 Juvenile Detention Center Youth Handbook • Website for Reporting Information • Resident Handbook <p data-bbox="242 707 1484 801">A review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures requires in section 10 D. Third-party reporting (PREA 115.354) 1. Procedures governing third-party reporting are found in Policy 6-18.</p> <p data-bbox="242 831 1489 1193">Review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 6, Health Services, Policy number 6-18, Abuse Reporting, requires in section F. Third party reporting. 1. Third parties, including fellow residents, staff members, family members, attorneys, outside advocates and others, shall be permitted to assist residents in filing reports, allegations, grievances, and requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. a. Third party reports from sources other than parents. 1. 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. 2. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. b. Third party reports from a parent or legal guardian. 1. If a parent or guardian files such a request or appeal on behalf of a resident, District 6 JDC shall handle that request or appeal with or without the juvenile agreeing to have the request filed on his or her behalf.</p> <p data-bbox="242 1223 1489 1420">The Agency Designee-Facility Director advised the reporting information is available through the facility website (http://www.bannockcounty.us/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 number that is used by the facility which is a direct line to the control room.</p> <p data-bbox="242 1449 363 1478">Interviews:</p> <ul data-bbox="284 1527 1474 1789" style="list-style-type: none"> • Agency Designee-Facility Director, PCM • Random Staff • Random Residents • 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.

115.361 Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16
- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 6, Health Services, Policy number 6-18, Abuse Reporting, revised 5/14/13
- Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- District 6 Juvenile Detention Center Youth Handbook
- D6JDC Response Plan

Interviews:

- Agency Designee-Facility Director, PCM
- Random Staff
- Medical and Mental Health Staff
- Intake Staff

The review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures requires in section 6, Official Response Following a Resident Report; A. The following procedures are found in Policy 6-18:n 1. Staff and agency reporting duties (PREA 115.361). 2. Agency protection duties (PREA 115.361)

Review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 6, Health Services, Policy number 6-18, Abuse Reporting, requires in section 4D. Reporting abuse that may have occurred at the Center; 1. Upon receipt of any allegation that a juvenile has been abused while in the custody of District 6 JDC, either by another juvenile or a staff member, staff shall have full authority to act in any way which protects the resident from any further sexual abuse, sexual harassment or retaliation. Staff must immediately report any knowledge, suspicion, or information they have received regarding an incident of sexual abuse or sexual harassment to the director. Staff will report immediately retaliation against residents or staff who reports such an incident. Staff will report immediately any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions

In section 4E, Staff reporting of abuse 1. All staff members are required to report any knowledge, suspicion, or information they receive regarding any of the following: a. Any incident of sexual abuse that occurred in any facility, whether or not it is part of the District 6 JDC, b. Any act of retaliation against residents or staff who reported such an incident, and c. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 2. All staff are required to comply with any applicable mandatory child abuse reporting laws as contained in Idaho Code 16-1619. 3. Staff may report sexual abuse of juveniles at any time to the Director, supervisor, or assistant supervisor. a. Such report will be treated in a strictly confidential manner. 4. Staff may also report directly to the Bannock County Prosecuting Attorney's Office and/or the Pocatello Police Department if desired.

The D6JDC 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:

- All twelve random staff 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. Staff also are aware of the facility procedure for reporting any information related to a resident sexual abuse allegation.
- Interviewed Medical and 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.

- 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:

- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 7, Rules and Discipline, Policy number 7-3, Grievance Procedure, revised 4/1/16
- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 6, Health Services, Policy number 6-18, Abuse Reporting, revised 5/14/13
- Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Interviews:

- Agency Designee-Facility Director
- Random Staff

The review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 7, Rules and Discipline, Policy number 7-3, Grievance Procedure, requires a. If the juvenile expresses an emergency need to be protected from any abuse, harassment or retaliation, any and all D6JDC staff shall have authority to respond and act immediately and put the safety of the juvenile ahead of any other duties, assignments or activities until initial protective measures are completed. Such measures are to be taken as the D6JDC initial response.

Review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 6, Health Services, Policy number 6-18, Abuse Reporting, requires in section D. Reporting abuse that may have occurred at the Center 1. Upon receipt of any allegation that a juvenile has been abused while in the custody of District 6 JDC, either by another juvenile or a staff member, staff shall have full authority to act in any way which protects the resident from any further sexual abuse, sexual harassment, retaliation. Staff must immediately report any knowledge, suspicion, or information they have received regarding an incident of sexual abuse or sexual harassment to the director. Staff will report immediately retaliation against residents or staff who reports such an incident. Staff will report immediately any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions

The District 6 JDC Emergency 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 Director 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.

Interview Results:

- Interview with the Facility Director- PCM 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.

115.363	Reporting to other confinement facilities
	<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 1492 510" style="list-style-type: none"> • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 6, Health Services, Policy number 6-18, Abuse Reporting, revised 5/14/13 • Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • District 6 Juvenile Detention Center Youth Handbook • Facility Zero Tolerance and Reporting Posters, English and Spanish versions <p data-bbox="242 539 363 568">Interviews:</p> <ul data-bbox="284 618 718 678" style="list-style-type: none"> • Agency Designee- Facility Director, PCM • Random Staff <p data-bbox="242 707 1484 1171">The review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 6, Health Services, Policy number 6-18, Abuse Reporting, 2. In the event that an allegation is received that a resident was sexually abused prior to admission while confined at any other facility, the supervisor on duty or the Director shall do the following: a. Notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. b. Notify the appropriate investigative agency for that facility. 1. For any DJC-operated facility, the appropriate investigative agency is the Idaho State Police. 2. For any regional or county-run facility, the appropriate investigative agency may be the local police department or sheriff's office. 3. Contact information for investigative agencies may be found on the Internet c. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. d. District 6 JDC staff shall document the following information, which includes but is not limited to: 1. Date and time of calls to the agency and the investigative agency. 2. Name of persons spoken to regarding the allegation. 3. The type of details related to the agency and investigative agency. e. Facilitate a follow up meeting for the juvenile with a medical or mental health practitioner. The Facility Director advised they have not had an instance of where a resident was confined at another facility making an accusation of abuse upon arrival at the facility. However, if a response by staff was necessary, staff would follow the guidelines set forth in our Emergency Response Plan.</p> <p data-bbox="242 1200 970 1229">A review of the Pre-Audit Questionnaire and confirmed by staff interview:</p> <ul data-bbox="284 1279 1492 1375" style="list-style-type: none"> • During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was 0. • During the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was 0. <p data-bbox="242 1404 438 1433">Interview Results:</p> <ul data-bbox="284 1482 1476 1677" style="list-style-type: none"> • Interviews with the Agency Designee-Facility Director/PCM, and twelve 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 the law enforcement 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:

- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16
- Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- District 6 Juvenile Detention Center Youth Handbook
- Facility Zero Tolerance and Reporting Posters, English and Spanish versions
- D6JDC Emergency Response Plan

Interviews:

- Facility Director/PCM
- Medical and Mental Health Staff
- Non-Security and Security Staff First Responders
- Random Staff
- Volunteers/Contractors

The review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, section 6 requires Official Response Following a Resident Report, B. Staff first responder duties (PREA 115.364), 1. Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: a. Separate the alleged victim and abuser, taking necessary steps to protect the victim immediately. b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. c. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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. d. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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. 2. If the first 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.

The D6JDC 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. Eleven out of twelve 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: zero (0), 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 twelve 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 two contractors and three 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>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16 • Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • D6JDC Coordinated Response Plan <p>Interviews:</p> <ul style="list-style-type: none"> • Facility Director • Random Staff <p>The review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, section C. requires the facility has a Coordinated response (PREA 115.365), 1. The D6JDC's actions in response to an incident of sexual abuse shall include the following steps: a. The first responding staff member shall immediately follow procedures to protect the victim as outlined in Policy 2-18 and stay with the victim or allow the victim to choose another staff member to stay with him/her. The victim should not be left alone at any time until responding law enforcement arrives and takes custody of the victim. b. Subsequent responders shall take control of the area where the incident allegedly occurred to preserve any physical evidence until control of the area is turned over to investigators. c. Control room staff shall commence the coordination of medical and mental health services as outlined in Policy 2-18 immediately. d. Staff shall also commence reporting procedures as outlined in Policy 6-18 as soon as possible. e. Control room staff shall begin notifying the D6JDC Director, Lead Supervisor/Training Coordinator, and the on-duty supervisor as soon as possible after completing items a. – d. immediately above. f. If the incident involved staff on juvenile sexual abuse, the on-duty supervisor shall take the necessary steps to prohibit the alleged abuser from having any contact with any juveniles.</p> <p>The facility Coordinated 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>Interview Results:</p> <ul style="list-style-type: none"> • Interviews with the Facility Director and random staff indicated the facility has a very detailed 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 twelve random staff interviewed were asked 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"> • Bannock County, District 6 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 • Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Designee-Facility Director <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, 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 Director 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 Director, 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 agency and facility meet the standard and complies with the standard for the relevant review period.
---------	---

115.367	Agency protection against retaliation
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 820 300">Supporting Documents, Interviews and Observations:</p> <ul data-bbox="284 349 1474 448" style="list-style-type: none"> • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16 • Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p data-bbox="242 474 363 504">Interviews:</p> <ul data-bbox="284 553 743 582" style="list-style-type: none"> • Agency Designee-Facility Director/PC/PCM <p data-bbox="242 609 1485 1171">A review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures states in Section E. Agency protection against retaliation (PREA 115.367) 1. All residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other residents or staff. a. The PREA Coordinator shall be designated to monitor juveniles and their treatment to ensure that they are protected from retaliation for a period of at least 90 days. 1. The Coordinator shall monitor and be aware of any disciplinary measure taken against the juvenile, any housing, placement or program changes, any involvement with altercations, arguments or problems with other juveniles or staff members, and shall include periodic interviews with the juvenile. b. The Director shall be designated to monitor staff members and their treatment to ensure that they are protected from retaliation for a period of at least 90 days. 1.The Director shall conduct interviews with the staff members, and shall also monitor staff reassignments, negative performance evaluations, schedule changes or any other reports or notes that supervisors may have regarding the staff member. 2.The D6JDC shall employ multiple protection measures, including, but not limited to a. such as housing changes or transfers for resident victims or abusers, b. removal of alleged staff or resident abusers from contact with victims, and c. emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. 3. If any other individual who cooperates with an investigation expresses a fear of retaliation, the D6JDC shall take appropriate measures to protect that individual against retaliation. 4. The D6JDC's obligation to monitor shall terminate if the allegation is determined to be unfounded or if the juvenile being monitored is released.</p> <p data-bbox="242 1198 1485 1462">The Facility Director-PREA Compliance Manager 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 PC/PCM shall monitor the conduct or treatment of juveniles or staff who reported sexual abuse. The facility PREA Compliance Manager shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. If someone other than the alleged victim reported abuse, the Facility PCM shall monitor the resident 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 PCM shall complete administrative remedies to address the suspected staff.</p> <p data-bbox="242 1489 970 1518">A review of the Pre-Audit Questionnaire and confirmed by staff interview:</p> <ul data-bbox="284 1568 1211 1597" style="list-style-type: none"> • The number of times an incident of retaliation occurred in the past 12 months was zero (0). <p data-bbox="242 1624 438 1653">Interview Results:</p> <ul data-bbox="284 1702 1493 1933" style="list-style-type: none"> • Interviews with the Agency Designee- Facility Director who assumes the role of the facility PREA Compliance Manager 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 agency and facility meet 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
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16 • Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>Review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16 F. Post-allegation protective custody (PREA 115.368)</p> <p>1. Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to requirements of Policy 2-18 6B.</p> <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Designee-Facility Director • Medical and Mental Health Staff • Random Staff <p>A review of the Pre-Audit Questionnaire and confirmed by staff interview:</p> <ul style="list-style-type: none"> • 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). <p>Interview Results:</p> <ul style="list-style-type: none"> • Interviews with the Agency Designee-Facility Director 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 agency and facility meet the standard and complies with the standard for the relevant review period.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 6, Health Services, Policy number 6-18, Abuse Reporting, revised 5/14/13 • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16 • Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>The review of District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, section 12, Investigations, I. Review of the Investigations A. Criminal investigations (PREA 115.371) 1. Procedures governing the referral of cases involving sexual abuse and sexual harassment are found in Policy 6-18. 2. Where sexual abuse is alleged, the Bannock County Sheriff's Office shall use investigators pursuant to their policies and procedures. It is anticipated that those policies and procedures will govern the following items: a. Specialized training in sexual abuse investigations involving juvenile victims. b. Gathering and preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; c. Interviewing alleged victims, suspected perpetrators, and witnesses; and d. Review of prior complaints and reports of sexual abuse involving the suspected perpetrator. e. Assessing the credibility of an alleged victim, suspect, or witnesses; on an individual basis, and not simply by the person's status as an in-custody juvenile or staff. f. The prohibition of requiring a juvenile 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. g. The degree to which the D6JDC can be informed of the process of the investigation. 1. To the extent allowed by the investigating agency, the D6JDC shall endeavor to remain informed of the process and outcome of the investigation. 3. The D6JDC shall cooperate fully in any investigation, and shall participate in any investigative process when requested to do so by the main investigative agency, including conducting compelled interviews as directed by the Bannock County Prosecuting Attorney's Office or Bannock County Human Resources Department as long as the compelled interviews will not be an obstacle for subsequent criminal prosecution when the quality of evidence appears to support criminal prosecution. 4. 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.</p> <p>The policy further states in section B; Administrative agency investigations (PREA 115.371) and evidentiary standard for administrative investigations (PREA 115.372) 1. Administrative investigations shall be conducted by the Bannock County Prosecuting Attorney's Office. a. D6JDC shall cooperate fully with administrative investigations. b. D6JDC shall participate in any investigative process involving administrative investigations only as directed by the Bannock County Prosecuting Attorney's Office. 2. Such administrative investigations shall include, but not be limited to the following items: a. An effort to determine whether staff actions or failures to act contributed to abuse, b. Written descriptions of the physical and testimonial evidence, c. Documentation of the reasoning behind credibility assessments, and d. Investigative facts and findings. 3. Substantiated allegations of conduct that appears to be criminal shall be referred to the Bannock County Prosecuting Attorney's Office for prosecution. 4. For administrative investigations, the D6JDC and/or the Bannock County Prosecuting Attorney's Office shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. C. Investigation reports 1. Any and all written reports that the D6JDC receives as a result of any criminal or administrative investigation completed as a result of an allegation, report of grievance involving sexual abuse shall be kept for a least seven (7) years past the juvenile's 18th birthday. 2. Reports of investigations involving sexual abuse by staff shall be turned over to the Bannock County Human Resources Department for inclusion in the staff member's file, which are kept for at least 10 years past termination date.</p> <p>Review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 6, Health Services, Policy number 6-18, Abuse Reporting, section I. Policy is to see that incidents or suspected incidents of physical abuse, sexual abuse, sexual harassment, retaliation by other juveniles or staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents are reported to the appropriate agency for proper investigation. D. Reporting abuse that may have occurred at the Center; 2. Relevant information shall be gathered and then immediately reported to the Director, the Bannock County Prosecuting Attorney's Office, and the Bannock County Sheriff's office, even if initial relevant information indicates that the incident did not occur. 3. If abuse is suspected involving a facility staff member, the employee shall report their suspicion to the Director who shall contact the Bannock County Prosecuting Attorney's Office and the Bannock County Sheriff's office regarding an investigation of the incident. a. If the allegation involves the Director, or if the Director is not available at the time of the allegation, the employee must report directly to Bannock County Prosecuting Attorney's Office and the Pocatello Police Department immediately. 4. If the Director of the District 6 JDC receives notification from another agency that a juvenile has reported abuse which allegedly occurred</p>

while in the custody of the District 6 JDC, the Director shall immediately report the allegation to the Bannock County Prosecuting Attorney's Office and the Bannock County Sheriff's office and 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 Bannock County Prosecuting Attorney's Office and the Bannock County Sheriff's office.

When on-site at D6JDC, 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.

Interviews:

- Agency Designee- Facility Director
- 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 Director, 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 interviews 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 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 Director, 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="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 1474 448" style="list-style-type: none"> • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16 • Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p data-bbox="242 474 363 504">Interviews:</p> <ul data-bbox="284 553 794 651" style="list-style-type: none"> • Agency Designee-Facility Director • Criminal and Administrative External Investigator • County Prosecutor's Office Attorney <p data-bbox="242 678 1489 1238">The review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures requires in section B; Administrative agency investigations (PREA 115.371) and evidentiary standard for administrative investigations (PREA 115.372) 1. Administrative investigations shall be conducted by the Bannock County Prosecuting Attorney's Office. a. D6JDC shall cooperate fully with administrative investigations. b. D6JDC shall participate in any investigative process involving administrative investigations only as directed by the Bannock County Prosecuting Attorney's Office. 2. Such administrative investigations shall include, but not be limited to the following items: a. An effort to determine whether staff actions or failures to act contributed to abuse, b. Written descriptions of the physical and testimonial evidence, c. Documentation of the reasoning behind credibility assessments, and d. Investigative facts and findings. 3. Substantiated allegations of conduct that appears to be criminal shall be referred to the Bannock County Prosecuting Attorney's Office for prosecution. 4. For administrative investigations, the D6JDC and/or the Bannock County Prosecuting Attorney's Office shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. C. Investigation reports 1. Any and all written reports that the D6JDC receives as a result of any criminal or administrative investigation completed as a result of an allegation, report of grievance involving sexual abuse shall be kept for a least seven (7) years past the juvenile's 18th birthday. 2. Reports of investigations involving sexual abuse by staff shall be turned over to the Bannock County Human Resources Department for inclusion in the staff member's file, which are kept for at least 10 years past termination date.</p> <p data-bbox="242 1265 438 1294">Interview Results:</p> <ul data-bbox="284 1344 1474 1545" style="list-style-type: none"> • Interviews with the Agency Designee-Facility Director, 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 standards. When there is evidence that a prosecutable crime has taken place, the Facility Director consults with the external investigative agency and prosecutors before conducting compelled interviews. • The facility meets the Standard and complies for the relevant rating period.

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Supporting Documents, Interviews and Observations:

- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16 District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 6, Health Services, Policy number 6-18, Abuse Reporting, revised 5/14/13
- Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Investigative Outcome to Resident template form

The review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures requires in section D. Reporting to residents (PREA 115.373)

1. Following an investigation into a juvenile's allegation of sexual abuse suffered in the D6JDC, the juvenile shall be informed by D6JDC staff as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. a. If the D6JDC did not conduct the investigation, the D6JDC shall request the relevant information from the investigative agency in order to inform the juvenile. 2. Following a juvenile's allegation that a staff member has committed sexual abuse against the juvenile, the D6JDC shall subsequently inform the juvenile (unless it has been determined that the allegations unfounded or the juvenile has been released) whenever: a. The staff member is no longer employed at the D6JDC; b. The D6JDC learns that the staff member has been indicated on a charge related to sexual abuse within the facility, or c. The D6JDC learns that the staff member has been convicted on a charge related to sexual abuse within the facility. 3. Following a juvenile's allegation that he or she has been sexually abused by another juvenile, the D6JDC shall subsequently inform the alleged victim (unless it has been determined that the allegation is unfounded, or the juvenile has been released) whenever: a. The D6JDC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility, or b. The D6JDC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 4. All such notifications or attempted notifications shall be documented. D. Termination of investigations; 1. The D6JDC shall not seek or request the investigating agency to terminate an investigation solely because the source of the allegation recants the allegation. 2. The departure of the alleged abuser or victim from the employment or control of the D6JDC shall not provide a basis for terminating an investigation.

All notifications or attempted notifications shall be documented in the resident's file. The Facility Director 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 Director 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. They 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 is the Bannock County Sheriff's Office and the Bannock County Prosecuting Attorney's Office prosecutes cases that are forwarded from the Sheriff'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:

- Interview with the Facility Director indicated he generates a letter and notifies residents who make an allegation of sexual abuse- in writing who when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.
- Based on all information, he facility meet the Standard and is compliant for the relevant rating period.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Supporting Documents, Interviews and Observations:

- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16
- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 6, Health Services, Policy number 6-18, Abuse Reporting, revised 5/14/13
- Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Interviews:

- Facility Director
- Administrative Human Resource Administrative Assistant
- Investigator from outside entity, Bannock County Sheriff's Department
- Prosecutor Attorney's Office attorney

Review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, section 8, Discipline requires A. Disciplinary sanctions for staff (PREA 115.376) 1. Any D6JDC staff member who is found to have committed any act of sexual abuse, including, but not limited to those outlined in section II, B. (Definitions) of this policy, shall be terminated. a. Any act of sexual abuse of a resident by staff is also a violation of Idaho Code 18-6110 and shall be referred to the appropriate authorities for criminal prosecution. 2. Any D6JDC staff member who is found to have committed any act of sexual harassment of residents, other staff members, visitors, or contractors, shall be subject to disciplinary sanctions which shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and any sanctions that have been imposed for comparable offenses by other staff with similar histories. 3. All terminations including those for violations of the D6JDC sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are required to be, and shall be reported, along with the reason and supporting documentation, to the Idaho Peace Officers Standards and Training on the approved Separation/Change of Status Form.

The review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 6, Health Services, Policy number 6-18, Abuse Reporting, section b. requires employees shall be afforded their rights and due process in accordance with the Bannock County Personnel Manual, Garrity rules and other applicable laws. c. If the results of the investigation show that the detention staff member was not involved, a report clearing that person shall be written and placed in the employee's personnel file and if a juvenile made the allegations also in the accusing juvenile's file. 1. Disciplinary action and/or criminal action for filing false police reports may be initiated against the juvenile, unless it is proven that the report was filed in good faith. d. If the investigation shows that a staff member was involved in intentional neglect or child abuse, or neglecting to act or report on such actions, disciplinary action up to and including termination and the filing of criminal charges will result.

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 Director 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 Director, facility HR Administrative Assistant, 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
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 820 300">Supporting Documents, Interviews and Observations:</p> <ul data-bbox="284 349 1493 510" style="list-style-type: none"> • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 6, Health Services, Policy number 6-18, Abuse Reporting, revised 5/14/13 • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16 • Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p data-bbox="242 539 363 568">Interviews:</p> <ul data-bbox="284 618 807 779" style="list-style-type: none"> • Facility Director • Administrative Assistant • Volunteers and Contractors • Bannock County Sheriff's Department Investigator • Prosecutor Attorney's Office attorney <p data-bbox="242 808 1493 1032">Review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, section B. requires corrective action for contractors or volunteers (PREA 115.377) 1. Any contractor or volunteer who engages in sexual abuse shall be prohibited from having access to the D6JDC and shall be reported to law enforcement agencies for possible criminal prosecution, and to relevant licensing bodies. a. The D6JDC shall take appropriate remedial measures, if any exist, and shall consider whether to prohibit further contact with juveniles, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p data-bbox="242 1066 1493 1424">A contractor who violated PREA policies shall not be permitted to work in a DJJ facility or office. A report shall be referred to law enforcement and to the local prosecutor's office for criminal prosecution. A volunteer violating this policy shall be denied access to DJJ facilities, offices, programs, and juvenile residents. A volunteer, who violates PREA policies, shall not be permitted to work in the facility. A report is referred to law enforcement and the local prosecutor's office for criminal prosecution. Policy requires volunteers and contractors shall receive education and training regarding PREA and the juvenile standards. All persons shall be aware that their personal conduct reflects upon the integrity of the facility and its ability to provide services to youth. All persons shall be expected to always maintain a professional relationship with youth. The Facility Director 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.</p> <p data-bbox="242 1458 970 1487">A review of the Pre-Audit Questionnaire and confirmed by staff interview:</p> <ul data-bbox="284 1536 1469 1666" style="list-style-type: none"> • 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. <p data-bbox="242 1693 437 1722">Interview Results:</p> <ul data-bbox="284 1771 1485 1968" style="list-style-type: none"> • Interviews with the Facility Director, Investigator, Administrative Human Resource staff confirmed the process for corrective action for contractors and volunteers. Interviews with the volunteers and contractor 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:

- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 6, Health Services, Policy number 6-18, Abuse Reporting, revised 5/14/13
- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16
- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 7, Rules and Discipline, Safety, Policy number 7-2, Consequences of Rule Infractions and Special Programs, effective 5/25/21
- Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Resident Handbook

Interviews:

- Facility Director/PCM
- Medical and Mental Health Staff

The initial review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, section C, states Interventions and disciplinary sanctions for residents (PREA 115.378) 1.If, during the course of any investigation, it is reported by the investigators or prosecutors that there is a preponderance of the evidence to substantiate an administrative finding that the juvenile engaged in juvenile-on-juvenile sexual abuse, the juvenile shall be subject to disciplinary sanctions pursuant to the formal disciplinary process outlined in Policy 7-02. a. Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the juvenile's disciplinary history, the sanctions imposed for comparable offenses by other juveniles with similar histories and shall consider whether a juvenile's mental disabilities or mental illness contributed to his or her behavior. b. In the event a disciplinary sanction results in the isolation of a juvenile, the D6JDC shall not deny the juvenile daily large-muscle exercise or access to any legally required educational programming or special education services, unless the juvenile has demonstrated that his/her behavior clearly jeopardizes the safety and security of staff or other juveniles. c. Juveniles in isolation shall receive daily visits from a medical or mental health care clinician. d. Juveniles shall also have access to other programs and work opportunities to the extent possible.

Section 2. To the extent possible, the D6JDC shall consider whether to offer the offending juvenile participation in interventions such as therapy, counseling, or other programs designed to address and correct underlying reasons or motivations for the abuse, but only to the extent available. a. The D6JDC may require participation in such interventions, if available, as a condition of access to any rewards-based behavior management system such as the Level System, but not as a condition to access to general programming or education. 3. A juvenile may be disciplined for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact. a. Such a finding may also require a referral for prosecution of the juvenile. 4. 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, and may not be the grounds for disciplinary actions, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 7, Rules and Discipline, Safety, Policy number 7-2, Consequences of Rule Infractions and Special Programs, B. Disciplinary action shall be of a nature to regulate juvenile offenders' behavior within acceptable limits and shall be taken at such times and in such degrees as necessary to accomplish this objective. The behavior of juvenile offenders shall be controlled in an impartial and consistent manner. Disciplinary action shall not be arbitrary, capricious, retaliatory, or vengeful. The following methods or forms of punishment or enforcement of discipline shall not be used: . Corporal punishment 2. Psychological intimidation 3. Denial of food, dental or medical care, sleep, or legal assistance. 4. Physical restraints. 5. Any situation in which a juvenile imposes any type of discipline on any other juvenile.

The Facility Director 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 District 6 JDC.

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: 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 Director, 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 system such as the level system. 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 Director 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 the standard and complies with the standard for the relevant review period.
-

115.381 Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16
- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 6, Health Services, Policy number 6-2, Health Appraisal, revised 3/15/16
- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 6, Health Services, Policy number 6-21, Mental Health, effective 3/15/16
- Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Adverse Childhood Experience (ACE) Questionnaire
- Mental Health Self Reporting Interview Screening
- Physical Examination Form
- Vulnerability Assessment Instrument: Risk of Victimization/Sexual Aggressive Behavior/Overall Risk MAYSI
- Counselor Progress Note
- Clinician Recommendation Form

Interviews:

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

The initial review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, section 9, Medical and Mental Care requires A. Medical and mental health screenings; history of sexual abuse (PREA 115.381) 1. Procedures governing the offering of follow up meetings with medical and mental health practitioner within 14 days of intake for juveniles that are identified as sexual abuse victims through the intake screening as outlined in Policy 9-08 are found in Polices 6-02 and 6-21. 2. Procedures governing the offering of follow up meetings with a mental health practitioner within 14 days of intake for juveniles that are identified as a sexual abuser through the intake screening as outlined in Policy 9-08 are found in Policies 6-02 and 6-21. 3. Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 6, Health Services, Policy number 6-2, Health Appraisal, section 1, policy requires that a Health Appraisal is completed for each juvenile within fourteen days after the juvenile arrives at the facility by qualified health personnel. Stated in section 2, Procedures, requires a Health Appraisal shall be completed within 14 days of a juvenile's admission to the Center by qualified health personnel. 1. This shall include, but not be limited to the following: a. Review of earlier medical screenings; b. Collection of additional data to completed medical, dental, mental health and immunization history; c. Recording of height, weight, pulse, blood pressure and temperature; d. Administration of other tests, physical examinations, as appropriate; and e. Initiation of treatment, as appropriate. f. Any other health appraisal data not listed above may be collected as needed. g. Appropriate follow up if the initial admission screening indicated that the juvenile is the victim of sexual abuse, regardless of when or where the abuse occurred. 2. In the case of a readmitted juvenile who has received a documented health appraisal within the previous six months, the prior results are to be reviewed and tests, examinations, etc., updated as needed.

A review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 6, Health Services, Policy number 6-21, Mental Health, section 1, I. requires policy to see that the juveniles housed in the D6JDC receive the benefits for the Idaho Juvenile Detention Center Mental Health Clinician Project. Section 3. D6JDC Staff agree to assist the Clinical Team in any possible way so that meetings and interviews with juveniles can be held as needed. This assistance shall include, but not limited to: a. Assist with the movement or escort of juveniles b. assist with security during meetings or interviews c. notify the Clinical Team of any juveniles that are identified as sexual abuse victims to facilitate follow up meetings within 14 days of intake as required by PREA Standard 115.381. d. Notify the Clinical Team of any juveniles that are identified as sexual abusers to facilitate a follow up meeting within 14 days of intake as require by PREA Standard 115.381 e. Any other reasonable duty as requested by the Clinical Team.

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 (1) who disclosed prior victimization during screening who were offered a follow-up meeting with a mental health practitioner: 100%. The one disclosure made by the resident was during the intake process and noted on the vulnerability assessment and resident was offered a follow up meeting with a mental health practitioner. The resident declined the meeting according to the Facility Director.
- In the past twelve (12) months the percent of residents (0) who disclosed prior perpetrated sexual abuse, as indicated during screening who were offered a follow-up meeting with a mental health practitioner: 100%

Interview results:

- There were zero resident within the current population who disclosed prior sexual victimization during the risk screening process.
- The Facility Director provided a former 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 performed multiple assessments including Adverse Childhood Experience (ACE) Questionnaire, Mental Health Self Reporting Interview Screening, Physical Examination Form, Vulnerability Assessment Instrument: Risk of Victimization/Sexual Aggressive Behavior/Overall Risk, MAYSI, Counselor Progress Note.
- 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.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16
- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 6, Health Services, Policy number 6-18, Abuse Reporting, revised 5/14/13
- Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Adverse Childhood Experience (ACE) Questionnaire
- Mental Health Self Reporting Interview Screening
- Physical Examination Form
- Vulnerability Assessment Instrument: Risk of Victimization/Sexual Aggressive Behavior/Overall Risk MAYSI
- Counselor Progress Note
- Clinician Recommendation Form

Interviews:

- Facility Director-PC/PCM
- Medical and Mental Health Staff
- Random Staff, Non-Security Staff
- Residents who Reported Sexual Abuse

Review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, section 9 B, requires access to emergency medical and mental health services (PREA 115.382) 1. Juvenile 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. 2. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to Policy 6-18 and shall immediately notify the appropriate law enforcement agency and medical and mental health practitioners as outlined in Policy 6-18. 3. Juvenile victims of sexual abuse while incarcerated shall be 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. 4. Treatment services shall be 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.

The review of District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 6, Health Services, Policy number 6-18, Abuse Reporting, section D. requires reporting abuse that may have occurred at the Center; 1. Upon receipt of any allegation that a juvenile has been abused while in the custody of District 6 JDC, either by another juvenile or a staff member, staff shall have full authority to act in any way which protects the resident from any further sexual abuse, sexual harassment or retaliation. Staff must immediately report any knowledge, suspicion, or information they have received regarding an incident of sexual abuse or sexual harassment to the director. Staff will report immediately retaliation against residents or staff who reports such an incident. Staff will report immediately any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. 2. Relevant information shall be gathered and then immediately reported to the Director, the Bannock County Prosecuting Attorney's Office and the Bannock County Sheriff's office, even if initial relevant information indicates that the incident did not occur. 3. If abuse is suspected involving a facility staff member, the employee shall report their suspicion to the Director who shall contact the Bannock County Prosecuting Attorney's Office and the Bannock County Sheriff's office regarding an investigation of the incident. a. If the allegation involves the Director, or if the Director is not available at the time of the allegation, the employee must report directly to Bannock County Prosecuting Attorney's Office and the Pocatello Police Department immediately.

The Facility Director provided a memorandum describing an allegation resulting in one female resident touched another on the buttock. After video review and interviewing residents, which resulted in the contact being incidental and not in any manner sexual in nature. Both residents involved stated the other resident touched the other resulting in a false allegation. After review of the allegation, it was questionable the resident was seen or referred to medical staff even though both residents involved reported no injuries from the contact. During the evidence review period, the Facility Director provided documentation explaining to staff the need for resident be seen by medical and mental health staff to rule out any injuries or

further need for medical or mental health assessment.

Interview Results:

- Interview with Medical and Mental Health 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:

- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16
- Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Adverse Childhood Experience (ACE) Questionnaire
- Mental Health Self Reporting Interview Screening
- Physical Examination Form
- Vulnerability Assessment Instrument: Risk of Victimization/Sexual Aggressive Behavior/Overall Risk MAYSI
- Counselor Progress Note
- Clinician Recommendation Form

Interviews:

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

Review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, section 9 C. requires ongoing medical and mental health care for sexual abuse victims and abusers (PREA 115.383) 1. The D6JDC shall offer medical and mental health evaluation, and as appropriate, treatment to all juveniles who have been victimized by sexual abuse in any secure confinement. a. The evaluation and treatment of such victims shall include, as appropriate: 1. Follow-up services, 2. Treatment plans, and 3. When necessary, referrals for continued care following their transfer to other facilities, or their release from custody. b. The D6JDC shall provide such victims with medical and mental health services consistent with the community level of care. c. Juvenile victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. 1. If pregnancy results, the victim shall receive timely and comprehensive information about the timely access to all lawful pregnancy-related medical services. d. Juvenile victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. e. Treatment services shall be 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. f. Within 60 days of learning of any sexual abuse within the facility, D6JDC shall arrange to have a mental health evaluation completed on juveniles who are suspected juvenile-on-juvenile abusers and offer treatment when deemed appropriate by mental health practitioners.

The local rape crisis center that services the facility is the Family Service Alliance Center. for a victim advocate to respond in person to the medical center. According to the Executive Director, the FSAC has victim advocates 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 auditor received a Memorandum of Understanding between Bannock County Commissioners, D6JDC, and Family Service Alliance Center for victim advocates respond to the local SAFE/SANE hospital. 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 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. An interview with the SAFE/SANE Lead Charge Nurse at Portneuf Regional Medical Center indicated and confirmed access to emergency medical and mental health services.
- The facility has the ability to 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.
- The sexual harassment allegation did not require the resident (victim) any ongoing medical and mental health services. A medical and mental health progress note form was submitted indicating the resident refused medical and mental health services.
- Based on the above information, the facility meets the standard and complies with the standard for the relevant review period.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Supporting Documents, Interviews and Observations:

- District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16
- Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- District 6 Juvenile Detention Center Annual Survey of Sexual Violence Report
- Facility 2021 Annual Report
- District 6 Juvenile Detention Center PREA Incident Review 2017
- Incident Review Team Member List

The review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures requires in section X. Data Collection and Review: A. Sexual abuse incident reviews (PREA 115.386). 1. Within 30 days of the conclusion of any sexual abuse investigation, a sexual abuse incident review shall be completed by an ad hoc sexual abuse incident review team, unless the allegation was found to have been unfounded. 2. The review team shall consist of the Director/PREA Coordinator, Lead/Training Supervisor, and Shift Supervisors. a. Input and/or participation should also be solicited from the Management Assistant, investigators, and medical and mental health practitioners. 3. The review team shall also: a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; b. Consider whether the incident or allegation was motivated by: 1. race, 2. ethnicity, 3. gender identity, 4. lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, 5. gang affiliation or 6. was motivated or otherwise caused by other group dynamics at the facility. c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; d. Assess the adequacy of staffing levels in that area during different shifts; e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and f. Prepare a report of its findings, with any recommendations or improvement. 4. The review team's recommendations shall be considered for implementation to improve the effectiveness of the D6JDC to protect residents. If the facility does not implement the recommendations for improvement, the facility shall document its reasons for not doing so.

During the past twelve months, the Director reported zero (0) sexual abuse allegations. The facility Director confirmed during his interview there were zero sexual abuse investigations for the past twelve months. The Director indicated when the facility conducts an incident review the form used to document the review is on the D6JDC PREA Incident and Review Form. The form is completed within thirty days at the conclusion of the investigation. The Director provided an example of a report of an incident that occurred in 2017 involving youth on youth sexual abusive contact. After the completion of the investigation, the matter did not meet the PREA definition that involved in playing of a childish game with required each resident to gain the attention of the other. This act was not a violation of PREA or Idaho Code however the act was a violation of the resident rules as stated in the resident handbook and the resident received training during the resident sexual assault awareness training. As a best practice, the facility administrative team completed an incident review as required in standard 115.386 (a-e.)

The auditor received documentation from the facility Director 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 Director, Supervisor, and Mental Health staff 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 Director facilitates the incident review meeting and report the findings and recommendations to the Bannock County Prosecuting Attorney's Office.
- 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
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16 • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 1, Administration, Policy number 1-21, PREA Data Collection, Aggregation and Review, revised 1/19/16 • Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • District 6 JDC Annual Survey of Sexual Victimization 2021 • Annual Report 2021 <p>The review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, states in section B. Data collection, storage, publication, and destruction (PREA 115.387), I. Procedures governing the collection of data for every allegation of sexual abuse are found in Policy 1-21.</p> <p>Review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 1, Administration, Policy number 1-21, PREA Data Collection, Aggregation and Review, section I. policy requires the center shall collect accurate, uniform data for every allegation of sexual abuse; review data collected and aggregated pursuant to this section in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, and make such data available to the public. In section II Procedures, A. Data collection, storage, publication, and destruction (PREA § 115.387, 115.389) 1. The D6JDC shall collect accurate, uniform data for every allegation of sexual abuse using the standardized instrument known as the Survey of Sexual Violence (SSV) a. If the SSV data collection is not conducted by the Bureau of Justice Statistics, the following data shall be collected: 1. The number of incidents that met the definition of sexual abuse as outlined in the PREA Standards, 2. The area where the incident occurred, 3. The time of the incident, 4. The victim's age, ethnicity, and gender, 5. The type of abuse or injury 6. How the incident was reported, 7. If the incident was youth on youth, staff on youth, or youth on staff, 8. The perpetrator's age, ethnicity, and gender, 9. The nature of the incident, 10. Sanctions imposed on the perpetrator. 2. The data shall be collected, reviewed, and maintained on an ongoing basis as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. 4. Upon request, all such data from the previous calendar year shall be forwarded to the Department of Justice no later than June 30 of each year. All aggregated sexual abuse data, including any from private facilities with which the D6JDC may contract with, shall be made readily available to the public at least annually through the website located at http://www.bannockcounty.us/juvenile-detention/</p> <p>The District 6 JDC Annual Survey of Sexual Victimization 2021 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 Victimization 2021 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. The annual report is approved by the Facility Director 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 Director confirmed the process along with the instruments used for collecting, maintaining, reviewing the data. The 2021 PREA Annual Reports 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="242 145 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 820 300">Supporting Documents, Interviews and Observations:</p> <ul data-bbox="284 349 1477 577" style="list-style-type: none"> • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16 • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 1, Administration, Policy number 1-21, PREA Data Collection, Aggregation and Review, revised 1/19/16 • Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • District 6 JDC Annual Survey of Sexual Victimization 2021 • Annual Report 2021 <p data-bbox="242 607 1490 734">The review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures requires in Section C. Data review for corrective action (PREA 115.388) 1. Procedures governing the review of data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response polices, practices, and training are found in Policy 1-21.</p> <p data-bbox="242 763 1490 1025">Review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 1, Administration, Policy number 1-21, PREA Data Collection, Aggregation and Review, requires section C. Data review for corrective action (PREA § 115.388) 1. The D6JDC shall review data collected and aggregated pursuant to this section in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: a. Identifying problem areas; b. Taking corrective action on an ongoing basis; and c. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. 1. Such report shall include a comparison of the current year's data and corrective actions with sexual abuse. 2. The D6JDC's report shall be approved by the Director and made readily available to the public through its website.</p> <p data-bbox="242 1055 1490 1249">The Facility Director submits an annual report and survey 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 report is approved by the 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 1279 1469 1442">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.</p> <p data-bbox="242 1471 363 1500">Interviews:</p> <ul data-bbox="284 1550 715 1579" style="list-style-type: none"> • Agency Level Designee- Facility Director <p data-bbox="242 1608 437 1637">Interview Results:</p> <ul data-bbox="284 1686 1474 1850" style="list-style-type: none"> • The Facility Director reviews data collected and aggregates their findings pursuant to 115.387 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"> • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16 • Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • District 6 Juvenile Detention Center Annual Survey of Sexual Violence Report • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 1, Administration, Policy number 1-21, PREA Data Collection, Aggregation and Review, revised 1/19/16 • Facility annual report 2021 • Agency Website <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Level Designee- Facility Director <p>Review of the District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures requires in Section B. Data collection, storage, publication, and destruction (PREA 115.389) 1. Procedures governing the collection of data for every allegation of sexual abuse are found in Policy 1-21.</p> <p>The review of District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 1, Administration, Policy number 1-21, PREA Data Collection, Aggregation and Review, requires the facility ensures that incident-based and aggregate data collected pursuant to 115.387 are securely retained. The policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website and removes any personal identifiers. The data collected pursuant to this section shall be securely maintained and retained for at least 10 years after the date of its initial collection.</p> <p>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.</p> <p>Interview Results:</p> <ul style="list-style-type: none"> • The Agency Level Designee- Facility Director confirmed the facility comply with elements of the standard.
---------	---

115.401	<p>Frequency and scope of audits</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"> • District 6 Juvenile Detention Center, Policies and Procedures Manual, Chapter 2, Safety and Security, Policy number 2-18, Prison Rape Elimination Act Procedures, revised 5/14/16 • Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • District 6 Juvenile Detention Center Annual Survey of Sexual Violence Report • Facility 2021 Annual Report • Agency Website <p>Interviews:</p> <p>Agency Designee-Facility Director</p> <p>Interview Results:</p> <ul style="list-style-type: none"> • Interview with the Agency Designee-Facility Director, 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. • This auditor reviewed the Bannock County web page at https:// www.bannockcounty.us/juvenile-detention/ and found that it contains the last completed PREA audit report. The District 6 Juvenile Detention Center last PREA audit was completed on December 21, 2019, during year one of Audit Cycle 3. The current audit of D6JDC 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 District 6 JDC. Furthermore, the auditor did not receive any correspondence from agency or facility staff, volunteers, or interns. • Based on the above information, the agency and facility meet 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"> • Bannock County, District 6 Juvenile Detention Center, PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Agency/Facility Website • 2021 Annual Reports <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Designee-Facility Director <p>Interview Results:</p> <ul style="list-style-type: none"> • Interview with the Agency Designee- Facility Director 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 Bannock County web page at https://www.bannockcounty.us/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 agency and facility meet 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.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	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