

**PREA AUDIT REPORT    INTERIM    FINAL**  
**JUVENILE FACILITIES**

**Date of report:** 26 Jul 2017

<b>Auditor Information</b>			
<b>Auditor name:</b> Steven Jett			
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<b>Telephone number:</b> 2084590602			
<b>Date of facility visit:</b> 5/8/17			
<b>Facility Information</b>			
<b>Facility name:</b> 3-B Juvenile Detention Center			
<b>Facility physical address:</b> 950 Environmental Way Idaho Falls, Id. 83401			
<b>Facility mailing address:</b> <i>(if different from above)</i> 605 N. Capital Ave. Idaho Falls, Id 83402			
<b>Facility telephone number:</b> 208-542-2947			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Brian Walker			
<b>Number of staff assigned to the facility in the last 12 months:</b> 34			
<b>Designed facility capacity:</b> 27			
<b>Current population of facility:</b> 22			
<b>Facility security levels/inmate custody levels:</b> Level 4			
<b>Age range of the population:</b> 10-17			
<b>Name of PREA Compliance Manager:</b> Julie Ritter		<b>Title:</b> Facility Supervisor	
<b>Email address:</b> jritter@co.bonneville.id.us		<b>Telephone number:</b> 208-542-2947	
<b>Agency Information</b>			
<b>Name of agency:</b> <a href="#">Click here to enter text.</a>			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Bonneville County			
<b>Physical address:</b> 605 N. Capital Ave. Idaho Falls, Id 83402			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 208-529-1350 Ext 1360			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Roger Christensen		<b>Title:</b> Commissioner	
<b>Email address:</b> rchristensen@co.bonneville.id.us		<b>Telephone number:</b> 208-529-1350 ext 1360	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Brian Walker		<b>Title:</b> Director	
<b>Email address:</b> bwalker@co.bonneville.id.us		<b>Telephone number:</b> 208-542-2947 ext 5	

## **AUDIT FINDINGS**

### **NARRATIVE**

The site visit of the second PREA Audit of the 3B Detention and Treatment Center was conducted May 8-10, 2017 at the facility located at 905 Environmental Way, Idaho Falls, ID.

The facility was audited in 2014 and after minor corrective action was deemed to be PREA Compliant.

After a brief meeting with Director Brian Walker and I, a tour of the facility was taken and all areas were viewed. It was observed that staff accompany residents at all times and residents were polite and actively participating in their programs. The facility is small, with a capacity of 27. This capacity was reduced from 32 recently when the Idaho Department of Juvenile Corrections asked the facility to change its long-term treatment format to a Sex Offender Treatment Program model.

12/22 residents interviewed. Chosen by selecting every other resident on roster. An additional resident was brought to interview room by staff due to a slight mix-up because her last name matched the last name of another resident selected. Also, one selected resident was released before interviews, so his roommate was interviewed.

14/34 staff interviewed. (21 FT and 13 PT) Staff were selected to be interviewed by looking at the roster and picking at least one per team. In one case, a selected individual was on vacation and out of town. The next person on the list was then chosen. The Agency Head/PREA Coordinator, 8-8 Supervisor/PREA Compliance Officer, 2 Sgts., 3 treatment officers, 3 FT JDO's, 2 PT JDO's, 1 medical practitioner, 1 MH practitioner were interviewed. Interviewees were picked from all shifts, and some interviews were completed on night shift.

The audit visit concluded with a report-out meeting on Wednesday, May 10, 2017 from 1500-1600. Audit findings will be listed below.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The 3B Detention is a secure detention and treatment facility located in Bonneville County, Idaho. 3B operates on the foundation of Restorative Justice Principles; Community Protection, Accountability, and Competency Development. This facility has a total of 27 beds: 21 Juvenile Detention and 6 Treatment. The Center serves over 25,000 youth in Bonneville, Bingham and Butte Counties. 3B started its operations in October of 1997.

3B has a clinical staff that provides assessments for substance abuse and mental health diagnosis. Clinicians complete assessments/screenings. 3B uses the Massachusetts Youth Screening Instrument-Second Version (MAYSI-2). The clinician provides information to juvenile probation officers within legal guidelines and works with parent/legal guardians to identify services in the community.

3B Juvenile Detention utilizes education, the ropes course and gardening to develop skills for the youth. 3B operates under the jurisdiction of Emerson High School District 91. All educational services are provided by the district and comply with State and Federal Standards. Residents attend 25 hours of education each week. Education is a year round program enabling students to stay current or catch up with their peers by the time they leave. Classes are held in the center's classroom Monday through Friday. 3B residents have a high rate of success for High School graduation and obtaining GED/HEC or a High School Diploma. The education staff has over 50 people who present on different subjects each year to include: banking, health, rape crisis, smoking education, addiction, Fish and Game, ect.

3B opened its Treatment Program in June of 1999. The philosophy of the 3B AISB Treatment Program is to hold the juvenile offender accountable and responsible to their community and victims for their inappropriate behavior, utilizing the "Balanced Approach". The Program provides Competency Development by utilizing a community collaboration of resources. The program is designed to address issues of Adolescents who have been involved in Illegal Sexual Behaviors, substance abuse/dependency, criminal behaviors in adolescent males, as well as, addressing academic re-mediation. Treatment is based on a behavioral/cognitive foundation with a strong family component. 3B AISB treatment strengths come from highly qualified staff and a 1:3 staff to program resident ratio during waking hours.

## **SUMMARY OF AUDIT FINDINGS**

Click here to enter text.

Number of standards exceeded: Click here to enter text.

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 2

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Definitions from the PREA Standards should be added into policy. Facility edited policy and added the definitions from the PREA Standards immediately after the audit visit.

**Standard 115.312 Contracting with other entities for the confinement of residents**

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

**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.**

Not applicable.

**Standard 115.313 Supervision and monitoring**

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

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Meets criteria. Unannounced rounds are done frequently and cover all shifts. Random days were inspected and all days had multiple rounds completed by supervisors.

### Standard 115.315 Limits to cross-gender viewing and searches

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

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PREA X-G supervision announcement is done at shift change, which is not enough as determined by DOJ and the PRC.

REQUIRED ACTION: Increased number of announcements will be done and logged. Various times that the announcement could be made were discussed with the Admin staff of 3B.

During the period between the audit visit and the issuance of the Interim Report, the facility edited policy.

During the corrective action period, the facility furnished me with documentation that showed that the Cross-Gender Announcement was being made more frequently. The documentation showed that logging the announcement had started almost immediately after the on-site visit portion of the audit, and had been continuing for a period of at least two months since the date of the audit.

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Might be more specific in Pol 9.9 as to what steps are taken

### Standard 115.317 Hiring and promotion decisions

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific**

### **corrective actions taken by the facility.**

317f ongoing questions have been done, but a couple were missing. The 115.317a questions have been formally added to the employee evaluation packet so that this is not missed.

Child abuse registry checks have been difficult to have done, but a substantial number were complete. Within two weeks of the audit visit, the remainder had been completed.

During the Corrective Action Period, the facility was notified that the statewide process for having child abuse registry checks done was changing significantly. This should not affect the ability of the facility to have them done.

### **Standard 115.318 Upgrades to facilities and technologies**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Several cameras have been added and more upgraded.

### **Standard 115.321 Evidence protocol and forensic medical examinations**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

SAFE's available at EIRMC. Victim Services available. Facility does no investigations.

### **Standard 115.322 Policies to ensure referrals of allegations for investigations**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

All aspects of 115.322 are being met.

**Standard 115.331 Employee training**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Training on 115.364a must be updated, policies brought into compliance and training done for staff.

Testing is done on PREA for all staff/contractors/volunteers.

REQUIRED ACTION: Policy updated, training done for all staff on first responder duties listed in 115.364a. Training records will be submitted to the auditor.

Policy was updated immediately following the audit visit. Also, supervisor checklist for PREA incidents was updated to meet standard 115.364.

During the Corrective Action Period, the facility furnished me with training records for the updated training required under this corrective action item.

**Standard 115.332 Volunteer and contractor training**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Testing is done on PREA for all staff/contractors/volunteers

**Standard 115.333 Resident education**



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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Good documentation kept for all participation in intake PREA session and also weekly PREA Video session.

**Standard 115.334 Specialized training: Investigations**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Investigations are handled by outside entities, the Bonneville County SO for Criminal and Bonneville County Prosecuting Attorney’s Office for Administrative. Even so, PC/Agency Head Walker has been through the PREA Specialized Training for Investigators put on through the PRC/Moss Group in Boise.

**Standard 115.335 Specialized training: Medical and mental health care**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Both medical and mental health received the necessary training.

**Standard 115.341 Screening for risk of victimization and abusiveness**

- Exceeds Standard (substantially exceeds requirement of standard)

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Good screening tool used. Also, results are kept confidential and shared only as needed. All questions in 115.341 are covered by the assessment.

#### **Standard 115.342 Use of screening information**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Use of isolation is very limited. Goal is to reintegrate resident back into GenPop as soon as possible. Segregation status is re-assessed daily until that reintegration occurs.

#### **Standard 115.351 Resident reporting**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Multiple ways to report. Juveniles were very familiar with many of them. I tested the listed phone number and was satisfied with the results. Also tested the grievance box, which is checked by PC/Agency Head. If he is scheduled to be gone more than the weekend, key is left with Supervisor.

#### **Standard 115.352 Exhaustion of administrative remedies**

- Exceeds Standard (substantially exceeds requirement of standard)

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Grievance policy covers all necessary items. Emergency grievances and imminent danger situations would be handled immediately by any staff.

**Standard 115.353 Resident access to outside confidential support services**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

MOU with DVSA.

**Standard 115.354 Third-party reporting**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Third party reports taken. Also all items such as parents/other filing reports are covered well.

**Standard 115.361 Staff and agency reporting duties**

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

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

All staff were well trained on mandatory reporting. In Idaho, the person taking the report can notify superiors up the chain of command. Actual wording in 16-1605 IC is “ shall report or cause to be reported.” It is suggested that the call to LE or DHW be done with the person who originally received the allegation so that details regarding the initial report are relayed accurately.

### **Standard 115.362 Agency protection duties**

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

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Interviews confirmed that emergency grievances and imminent danger situations would be handled immediately by any staff. The facility also has the ability to move those in particular danger to another facility.

### **Standard 115.363 Reporting to other confinement facilities**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Facility received a report from another facility alleging a sexual abuse incident within the last year. The allegation was turned over to the BCSO and IDJC Investigators immediately. (IDJC involved because the alleged victim was in their custody at the time of the report.)

### **Standard 115.364 Staff first responder duties**

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

- Does Not Meet Standard (requires corrective action)

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Policy 2.19 , PREA Direct-Care Staff Training powerpoint and the document entitled “Staff Training on PREA Policy” were all submitted. In comparing the three documents, it was found that they were not all uniform and consistent.

One example:

Policy 2.19 III A 4 does not contain wording which would meet 115.364a4. Training powerpoint does cover 115.364a4. Training sheet entitled “Staff Training on PREA Policy” on page 3 in section “STAFF REPORTING AND IMMEDIATE MEASURES” is lacking all mention of 115.364a3 and 4. The same document, at the bottom of page 3 does attempt to cover 115.364A3 and A4, but says that the officer should turn the water off in the cell “if possible”, which would very possibly allow for the victim or abuser to be placed in a room with water.

Some of the problems with policies and training materials were evident in staff interviews, as the majority of staff neglected any mention of 115.364a4, a small but still significant number neglected even mentioning anything regarding 115.364a3, but all staff would stop what they were doing and call the PREA Coordinator/Director, even before completing all necessary first responder duties.

Although covered in policy 2.19 and in the training powerpoint, only 3 out of the first 9 staff interviewed mentioned 115.364a2, securing the scene.

Also, more than one staff would put clothing in a plastic bag.

REQUIRED ACTION: See REQUIRED ACTION under 115.331.

See also Corrective Action completed under 115.331.

### **Standard 115.365 Coordinated response**

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

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Also has checklist to guide through handling of an incident

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

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

**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.**

No collective bargaining.

**Standard 115.367 Agency protection against retaliation**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Agency has policy relating to retaliation that meets all PREA requirements.

**Standard 115.368 Post-allegation protective custody**

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

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See notes for 115.342. Any resident removed from population receives daily visits from medical and mental health practitioners.

**Standard 115.371 Criminal and administrative agency investigations**

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

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### **corrective actions taken by the facility.**

Although all investigations are handled by outside entities, the PREA Coordinator/Agency Head as been through the specialized training for investigators.

#### **Standard 115.372 Evidentiary standard for administrative investigations**

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

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Met.

#### **Standard 115.373 Reporting to residents**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Form to help with documentation of reporting to residents is suggested, however, standard is being met through policy.

#### **Standard 115.376 Disciplinary sanctions for staff**

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

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Termination is presumptive sanction for staff found to have perpetrated sexual abuse.

**Standard 115.377 Corrective action for contractors and volunteers**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Contractors would be barred from having contact with residents immediately and until investigation was completed.

**Standard 115.378 Disciplinary sanctions for residents**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

See notes regarding isolation under 115.342. Other sanctions regarding residents meet all criteria of 115.378.

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Very good interviews with medical and mental health staff confirmed that all aspects of this standard are being met.

**Standard 115.382 Access to emergency medical and mental health services**



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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Very good interviews with medical and mental health staff confirmed that all aspects of this standard are being met.

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Very good interviews with medical and mental health staff confirmed that all aspects of this standard are being met.

**Standard 115.386 Sexual abuse incident reviews**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review team consists of PC/Agency Head, Mental Health Clinician, a Sgt., and one line staff. Since the facility contracts with the Idaho Department of Juvenile Corrections, the IDJC has furnished a good form that covers all aspects of 115.386.

**Standard 115.387 Data collection**

- Exceeds Standard (substantially exceeds requirement of standard)

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Necessary data being collected

#### **Standard 115.388 Data review for corrective action**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

All necessary reports and data published.

#### **Standard 115.389 Data storage, publication, and destruction**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Storage requirements met, redaction done before publishing.

#### **AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.



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Auditor Signature

July 26, 2017

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Date