

PREA Facility Audit Report: Final

Name of Facility: Ada County Juvenile Detention

Facility Type: Juvenile

Date Interim Report Submitted: 04/13/2021

Date Final Report Submitted: 11/20/2021

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: Kila Jager	Date of Signature: 11/20/2021

AUDITOR INFORMATION	
Auditor name:	Jager, Kila
Email:	kilajager@preauditor.com
Start Date of On-Site Audit:	02/09/2021
End Date of On-Site Audit:	02/11/2021

FACILITY INFORMATION	
Facility name:	Ada County Juvenile Detention
Facility physical address:	6300 W. Denton, Boise, Idaho - 83703
Facility Phone:	
Facility mailing address:	

Primary Contact	
Name:	Ken Jenkins
Email Address:	kjenkins@adacounty.id.gov
Telephone Number:	208-577-4854

Superintendent/Director/Administrator	
Name:	Dawn Burns
Email Address:	dburns@adacounty.id.gov
Telephone Number:	2085774811

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

Facility Health Service Administrator On-Site	
Name:	Bonnie Powers
Email Address:	bpowers@adacounty.id.gov
Telephone Number:	2085774963

Facility Characteristics	
Designed facility capacity:	71
Current population of facility:	11
Average daily population for the past 12 months:	30
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	10-17
Facility security levels/resident custody levels:	medium
Number of staff currently employed at the facility who may have contact with residents:	52
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	13
Number of volunteers who have contact with residents, currently authorized to enter the facility:	3

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

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

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

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Auditor Name: Kila Jager
Audited Facility: Ada County Juvenile Detention Center (ACJDC)
Parent Agency: Ada County Juvenile Court Services (ADJCS)
Site Audit Date: December 8-10, 2020 and February 9-11, 2021
Location of Facility: Boise, Idaho
Parent Agency: Ada County Juvenile Court Services (ACJCS)
Contracted Facilities: zero

Approx. percent of residents who are juvenile justice-involved: 100%

Narrative: Audit Process Overview

Ada County Juvenile Court Services (ACJCS) contracted with Kila Jager of Jager Associates LLC on July 26, 2019, to conduct an audit of the Ada County Juvenile Detention Center. The purpose of the audit was to determine the degree of compliance with the federal Prison Rape Elimination Act (PREA) standards. The contractor is a certified Department of Justice (DOJ) PREA Auditor.

The lead PREA Auditor for this audit is Kila Jager, owner of Jager Associates LLC, a Department of Justice (DOJ) certified PREA auditor for juvenile facilities and adult jails, prisons, and community facilities. This audit was conducted in accordance with PREA and all related statutes, rules, and regulations.

ACJCS Detention is the only facility under the direct control of Ada County Juvenile Court Services (ACJCS). This is the third PREA audit for Ada County Juvenile Detention.

An audit proposal was sent to Ada County Juvenile Court Services (ACJCS) on July 27, 2019, and an agreement was reached between the auditor and ACJCS-for an audit to be conducted during the first year of the third audit cycle, with the onsite portion of the audit set for June 2020. Due to COVID-19, this contract was updated to reflect the audit rescheduling detailed below.

Pre-Site Visit:

A breakdown of agency responsibilities, required in the PREA standards, was sent to the agency/facility on February 17, 2020. Additional information about navigating within the online audit (OAS), links to the PREA Coordinator and PREA Compliance Manager manuals, the Checklist of Documentation, the auditor's announcement, and requirements for posting and training staff and residents were sent on February 19, 2020. The auditor's announcement was sent in Spanish and English, with the requirement to post six weeks before the site visit.

Additional information requested, by this auditor, included: a complete resident roster with identification of all residents with disabilities, limited English Speaking, who identify as LGBTI, who is in isolation, reported prior sexual abuse, and who reported sexual victimization during the risk screening. Also, a complete staff roster-with identification of specialized staff (as identified by the standards) and by title, shift, date started, and unit; a complete list of contractors, volunteers; list of grievances for the last 12 months and main complaint; list of incident reports for the last 12 months and main complaint; allegations of sexual abuse and sexual harassment reported for investigation (12 months), and list of any hotline calls made during the last 12 months, and contact information for the External Crisis Call Center (AAVF) and Law Enforcement (ACSO).

ACJCS submitted their Pre-Audit Questionnaire (PAQ) online, May 12, 2020, and this auditor began a paperwork assessment and continued communication with ACJCS about documentation.

Due to the COVID pandemic, this audit was rescheduled three times during 2020. The June audit date was canceled and subsequently rescheduled to November, and then to December 8-11, 2020. Updated information was sent to the facility on September 24 and November 13, 2020.

ACJCS Detention posted the auditor posting, in English and Spanish, and uploaded (OAS) documentation of the posting and training. These postings explained the purpose of the audit and provided youth and staff with the auditor's contact information. Pictures were

uploaded to the OAS verifying the posters were hung consistently with DOJ auditing expectations. This auditor posting was first posted on February 19, 2020, to reflect the June site visit and was updated on October 12, 2020, to reflect the December 8-11, 2020 site visit, and then updated again, on December 28, 2020, to reflect the new on-site audit dates in February.

On both site visits, this auditor confirmed that the auditor postings were up in the facility and updated. Interviews with residents and staff confirmed they knew about the postings and their right to contact this auditor before each site visit. This auditor did not receive any correspondence from ACJCS Detention residents or staff.

A preliminary phone call with the facility, including the Director of ACJCS, PREA Coordinator Ken Jenkins, and Assistant Detention Director Richard Maher, was completed on October 19, 2020. Items discussed were logistics for the on-site visit; the need for unimpeded access to the facility, documents needed, staff and resident interviews, audit purpose-paperwork, auditing practice and culture, the audit process, the auditor's role, audit goals and expectations; corrective action and expectations; and timelines for ongoing communication and audit milestones.

External Contact Research: November 4, 2020

This auditor contacted the: Community Crisis Center/Advocate, AAFV; Warm Springs Counseling; SANE Nurse at St. Alphonsus Hospital; Ada County Sherriff's Office; and medical Contractors to conduct interviews.

The review of their various records found no information about any allegations, investigations, or exams that were conducted or referred, from ACJCS Detention Center in the last 12 months.

The following information was gathered in these contacts:

Boise does not have a SART team that coordinates services for sexual abuse victims from ACJDC. When ACJDC receives an allegation of sexual abuse, they call AAFV-who responds to the facility or the hospital to provide advocacy services to the alleged victim throughout the process and arranges transportation to St. Alphonsus hospital.

St. Alphonsus hospital provides a SANE Nurse, either on shift or called in, to provide a forensic examination, medical treatment, and sexual infection prophylaxis, and emergency contraception, per their professional medical judgment. AAFV, through an MOU, provides ongoing counseling during the resident's stay in ACJDC and continues when the resident leaves the facility. AAFV provides referrals, as necessary, to services in the community or wherever the resident is transferred to for follow-up services.

Warm Springs Counseling has an MOA with ACJCS to provide emotional support services/counseling if needed.

ACJCS contracts with Central District Health to provide medical services to residents at ACJCS Detention and provides pregnancy tests, all legally provided pregnancy-related services, STD testing, and treatment, as well as follow-up services.

ACJCS medical and contracted staff provides comfort medical services, coordination of services, professional medical judgment, medical record/services tracking, and a plan for services after the resident leaves the facility.

In addition, a review of the ACJCS website for PREA information, <https://adacounty.id.gov/juvenilecourt/juvenile-detention-center/>, has the following links:

<https://adacounty.id.gov/juvenilecourt/juvenile-detention-center/#prea>

rea, which has the following statement: ACJCS Detention complies with and strongly supports the protection of the Federal Prison Rape Elimination Act (PREA). To learn more about PREA, ACJCS policy, and reporting sexual mistreatment of detention residents, see our PREA Summary. The PREA Summary includes information about the Prison Rape Elimination Act: Ada County's PREA Zero Tolerance Policy for sexual activity, threats to engage in non-consensual sexual activity, or solicitation to engage in sexual activity between juveniles, staff and juveniles, and volunteers or contractors; administrative and criminal sanctions and Idaho Law relating to this behavior. In addition, that Juvenile to juvenile sexual harassment, sexual activity, rape, sexual conduct, and or sexual contact as defined in policy is prohibited. This includes discipline and possible criminal charges. Also included is the phone number for the PREA hotline and the email for the PREA Coordinator.

The ACJCS website includes a video and photo tour of Ada County Juvenile Detention Center

<https://adacounty.id.gov/juvenilecourt/juvenile-detention-center/a-look-inside/>,

that has information about intake, facility, individual rooms, programming, and court, information about visitation, phone services, medical services, food services, and programs.

Juvenile Detention Center - Juvenile Court Ada County (id.gov) a link is where the PREA annual reports since 2013 are posted, and the PREA Audit findings for the last two audits. The website does not contain the investigative policy identifying the responsibilities of the ACJCS, PREA Administrative Investigators, and Criminal Investigators.

Mandatory reporting laws for the state of Idaho are: "Mandatory reporting laws for the state of Idaho are Title 16-1605 Child Protective Act: "REPORTING OF ABUSE, ABANDONMENT OR NEGLECT. (1) Any physician, resident on hospital staff, intern, nurse, coroner, school teacher, daycare personnel, social worker, or other person having reason to believe that a child under the age of eighteen (18) years has been abused, abandoned or neglected or who observes the child being subjected to conditions or circumstances that would reasonably

result in abuse, abandonment or neglect shall report or cause to be reported within twenty-four (24) hours such conditions or circumstances to the proper law enforcement agency or the department... When the attendance of a physician, resident, intern, nurse, daycare worker, or social worker is pursuant to the performance of services as a member of the staff of a hospital or similar institution, he shall notify the person in charge of the institution or his designated delegate who shall make the necessary reports.”

Updated Paperwork/Documentation Assessment:

ACJCS posted updated information to the Online Audit System (OAS), and before the site visit, this auditor completed a preliminary review of paperwork and documentation and submitted a draft report to ACJCS on November 23, 2020. Gaps were identified and additional clarification or information was requested.

On December 1, 2020, ACJCS uploaded the current staff lists, resident current population, including specialized identified staff and residents, and on December 4, 2020- ACJCS uploaded the site visit complete schedule—pending the auditor’s random staff and random resident picks.

Site Visit-December 8-11, 2020

This auditor arrived at ACJCS on December 8, 2020. An entrance briefing was conducted. This auditor was provided with an office and two conference rooms to serve as a base of operations and to conduct interviews. Due to medical issues in detention, this auditor was not able to conduct a facility site visit, including interviewing random and specialized detention staff, residents, observing detention and conducting informal interviews, and conducting a detention site tour/review.

An entrance meeting was held to talk about the tasks of this site visit, the paperwork assessment sent to ACJCS before this site visit, and work towards scheduling and completing a second site visit.

This auditor worked with agency and facility management to conduct interviews of agency administrative staff, and review staff and resident files, and investigation files, on December 8-10, 2020.

Overview of Logistics for ACJCS agency onsite visit: December 8-11, 2020

An office and two conference rooms were provided to this auditor for interviews and file reviews. Due to COVID-19, this auditor and all staff wore masks and maintained social distance and even interviewed over zoom in some cases—for allowed interviews per DOJ FAQ clarification. All locations provided were private and ensured interviews were confidential.

During the site visit, this auditor was able to conduct interviews of management, medical, mental health, HR, Community Crisis/Advocate service, and review documentation, in agency (ACJCS) offices and conference rooms; however, was not able to interview line staff or residents, complete a site-review, conduct informal interviews, nor on-site observations of ACJCS Detention. This site visit included interviews with the ACJCS Director, Detention Manager, PREA Coordinator, Assistant Detention Manager, Agency Contract Administrator, Medical Staff, Supervisor, Mental Health Staff, AAFV Staff, Warm Springs Counseling staff, Medical Contractors, and a volunteer.

The requisite interviews were conducted consistent with DOJ PREA auditing expectations in content and approach, as well as individuals selected for interviews.

Interviews: At the close of the second site visit, a total of 13 interviews with staff, plus 1 volunteer, 2 contractors, 1 advocate staff, 1 SANE Nurse, 1 ACSO Detective, and 1 external counselor, for a total of 20 interviews.

File/Record Review:

A review of employee files and resident files was also conducted, which included the use of the Juvenile Facilities Documentation Review-Resident Files form and the Employee Files/Records Form to ensure all requirements are in the files/records.

A complete staff list was used to check the required documentation. A total of 12 randomly chosen staff files were checked. The Assistant Detention Manager provided staff files, identified by this auditor when choosing random staff for interviews. This included 12 random staff files out of 72 staff files. Files were reviewed for: criminal history check; child abuse registry check; Administrative Adjudication Check (three questions); 5-year record check for any staff who had over 5 years at the facility; institutional reference check; PREA training documentation; Specialized Staff Training (medical, investigative, Contractor/Volunteer; and PREA Refresher training; and between training refresher information.

Resident Files:

Due to the reduced number of residents in detention, this auditor reviewed 11 of 14 resident files for the following information: PREA intake education; Risk Assessment completed within 72 hours; Risk identification; Periodic Risk Screening reassessment; LGBTI questions and/or identification; If disclose sexual abuse, follow-up meeting with Medical/Mental Health offered and documented; PREA Comprehensive Education within 10 days of Intake.

Investigation Files:

Four out of four investigative files were reviewed, as an overview of all investigations conducted in the last 12 months. These investigative files contained zero criminal cases and four administrative cases. Of these cases, all four were sexual harassment cases, of which four were resident-on-resident cases. All four cases were referred to and investigated by the facility designated PREA Administrative investigators.

Included in the above review were all sexual abuse and sexual harassment allegations documentation received before the site visit. The facility, in the last three years, had 1 allegation of staff-on-youth sexual abuse, 1 allegation of youth-on-youth sexual abuse, and 2 allegations of youth-on-youth sexual harassment.

Of those allegations, 0 were determined to be substantiated, 2 Unsubstantiated (sexual harassment), and 2 (both staff-on youth, and youth-on-youth) unfounded. Included were 0 criminal case investigations, and 4 administrative case investigations. Of these figures, 0 criminal cases were referred for prosecution, zero were indicted, zero were acquitted, and zero were convicted.

The investigative files were reviewed, and details are outlined in the Investigation standards of this audit.

Pre-site-visit: (for the site visit on February 9-11, 2021)

After the first site visit, on December 8-10, 2020, the ACJCS Detention site visit was rescheduled to February 9-11, 2021.

This auditor posting was updated again, on December 28, 2020, to reflect the new on-site audit dates in February 2021. On both site visits, this auditor confirmed that the auditor postings were up in the facility and updated. Interviews with residents and staff confirmed they knew about the postings and their right to contact this auditor before each site visit. This auditor did not receive any correspondence from ACJCS Detention residents or staff.

On January 19, 2021, a group call was conducted between this auditor and the ACJCS facility and agency management to discuss the status of ACJCS Detention and the upcoming site visit schedule. New timelines were set. These include uploading a new site visit schedule, by February 5, 2021-to include the site review, observations, interviews, video reviews, additional file reviews, and the facility practice assessment. In addition, a copy of the new timelines was sent to ACJCS.

On February 5, 2021, ACJCS uploaded the current staff lists, resident current population, including specialized identified staff and residents, and the site visit schedule. This auditor chose random staff to interview and will interview all residents possible, taking into consideration quarantine requirements for new residents.

On-Site Review: February 9-11, 2021

An entrance meeting was held to talk about the tasks of this site visit, the paperwork assessment sent to ACJCS before this site visit, and work towards scheduling and completing a second site visit.

An office and two conference rooms were provided to this auditor for interviews and file reviews. Due to COVID-19, this auditor and all staff wore masks and maintained social distance and even interviewed over zoom in some cases—for allowed interviews per DOJ FAQ clarification. All locations provided were private and ensured interviews were confidential.

The on-site portion of the audit was started during the initial site visit on December 8-10, 2020 and completed during the second site visit on February 9-11, 2021. During this time, the auditor conducted interviews with facility leadership, staff, and residents. The requisite interviews were conducted consistent with DOJ PREA auditing expectations in content and approach, as well as individuals selected for interviews (i.e., Facility Director, Facility PREA Compliance Manager, specialized staff, random staff, youth, etc.). In addition, an extensive facility tour was conducted.

Facility Site Review:

While on the tour, the auditor was permitted access to all areas of the facility.

During the on-site portion of the audit, the staff conducted walk-throughs of facility processes- included intake and risk assessment processes. Site observations also included interactions between staff and residents, supervision, camera viewing, and monitoring cameras from management computers.

Area observations: housing units (single cell.), privacy issues (cameras, toilets, showers), supervision practices, supervision ratios, security staff posts, program and/or education areas, work areas, medical and MH services, cameras, grievance collection boxes, placement of PREA information, prior or current blind spots or other problem areas, other building areas, and promising practices.

Interviews: Staff, Resident, Volunteers, Contractors, Interns:

Interviews: At the close of the second site visit, a total of 15 interviews with staff and 11 resident interviews were conducted. These interviews included 10 random staff, 5 specialty staff, and all residents but one- who was in quarantine. Resident interviews included targeted residents who had disclosed prior sexual abuse, at intake; diagnosed mental health or learning disabilities, and identified as being LGBTI. There were zero residents in other targeted areas.

A random sampling process was used to determine staff interviews. ACJCS leadership accommodated this auditor's request to interview specific staff and covered youth supervision while the staff was participating in the interview process.

Over the two site visits, a total of 35 interviews (including staff, management, contractors, volunteers, and outside service providers) and 11 resident interviews were conducted.

This auditor did not receive confidential correspondence from residents or staff at DCJDF before or after either on-site visit.

On the final day of the on-site audit, a debriefing meeting was held with ACJCS leadership staff. The purpose of this meeting was to summarize preliminary audit findings. During this process, specific feedback was provided and included program strengths and areas for improvement as they related to PREA standards.

Post Audit Phase:

Following the final site visit, this auditor compiled the facility tour, interviews, and documentation data, and followed up with the facility on additional clarification or documentation needed. This auditor sent the review of each set of standards to the facility for review, clarification, and further documentation, before finalizing the interim report.

Thirty days following the on-site portion of the audit, a draft audit findings report was submitted to the ACJCS Director and Agency PREA Coordinator. 15 days later, the additional documentation and feedback requested were compiled and a final interim report was completed and shared with ACJCS on April 7, 2021.

This auditor sent ACJCS a new timeline for the corrective action period that included corrective action planning, an initial group call to discuss the interim report and plan for the corrective action, monthly check-in calls between the facility and this auditor, and the last possible date to complete corrective action.

On April 7, 2021, ACJDC entered the six-month corrective action period to address deficiencies in five PREA standards. The final date for corrective action is October 4, 2021.

No barriers were encountered that hindered the completion of the interim audit.

Corrective Action Period:

ACJCS and this auditor worked collaboratively to develop a corrective action plan. The plan included monthly phone check-ins, as well as ongoing email and phone contact.

A new timeline schedule was sent to ACJCS that included all corrective action audit timelines, including monthly check-in times and the last date for corrective action to be completed.

The monthly check-ins were held by video team meetings every month and included this auditor and management staff at ACJCS and ACJD.

COVID 19 created many difficulties for audit timelines and completion of corrective action, including quarantine and closure issues, staff covid cases, management working from home, and staff shortages; however, ACJCS worked diligently towards PREA Compliance.

At the end of corrective action, only one standard remains out of compliance. Standard 115.313 Staffing Ratios.

ACJCS reduced their resident population and moved residents out of wings into two living pods-of individual rooms, to work towards the required juvenile facility ratios of 1:8 during the day, and 1:16 during sleeping hours, in all areas where there are residents. At the end date of corrective action, most deviations, from staffing ratios, were still representative of normal, expected facility operations that caused the facility to be out of compliance with PREA required staffing ratios.

ACJCS has informed this auditor that they will be challenging the audit finding of staffing ratios in every area where there are residents and will ask for a determination from the PREA Management Office. It is their position that the 1:8 and 1:16 staffing ratios are only for the times that residents are not locked in their individual rooms.

This auditor requested clarification from the PMO, during this audit, about juvenile facility staffing ratios, when residents are in locked in individual rooms-in units or pods; and, received clarification that staffing ratios were to be maintained in all areas where there were residents, regardless of if they were locked in rooms or out in the general areas of the facility. Staff is to be on those pods/units consistent with staffing ratios of 1:8 during waking hours and 1:16 during sleeping hours if there are residents there.

The facility and this auditor look forward to the clarification that will come from the PMO, regarding the challenge to this standard finding.

At this point, this auditor finds all standards-compliant, at the end of the corrective action period, except standard 115.313 Staffing Ratios.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

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

ACJDC is predominately a short-term detention facility and has an average stay of 12 days. The facility is about 23 years old, appeared to be in good condition, and is very clean. <https://adacounty.id.gov/juvenilecourt/juvenile-detention-center/a-look-inside/>

Ada County Juvenile Detention Center (ACJDC) functions under parent agency Ada County Juvenile Court Services (ACJCS). ACJCS (agency) employs approximately 150 people who provide services within four collaborative divisions: detention, probation, programs, and support services. The juvenile Court Director is Dawn Burns, and they operate in partnership with the Ada County Board of Commissioners, the Fourth Judicial District Court, the Ada County Prosecutor's Office, and the Ada County Public Defender's Office.

Ada County Juvenile Detention Center's purpose is to, "care for the protection and well-being of juveniles while ensuring the protection of the community. The detention center operates 24 hours a day, seven days a week. ACJDC's mission is to provide community protection while changing lives. They employ 52 officers. All are POST (Peace Officer Standards and Training) Academy certified. Ongoing, in-house training is provided to all detention staff. Training areas include 10 Laws of Winning Communication, Appropriate Use of Force, CPR, First Aid, Suicide Prevention, Professional Ethics, Policy and Procedure, and the Prison Rape Elimination Act (PREA). ACJDC is in Boise, Idaho in a multi-purpose building that includes the 4th Judicial District Court. Ada County Juvenile Detention Center has completed two prior PREA audits with full compliance determinations.

Physical Plant Descriptions:

ACJCS Juvenile Detention consists of one building, with a school area, dayrooms, multi-purpose rooms, a half-court gymnasium, a full kitchen, a control room, five observation rooms, three small outdoor recreation areas, a garden, and necessary support areas.

The facility has three wings and 2 pods, consisting of 71 beds. Of the five separate living units (pods), only three are currently in use. The facility population currently stands at 11-14, and the average resident population, for the last year, was 30. In addition, there are five isolation rooms.

Housing.

All sleeping rooms are individual with no rooms assigned to more than one resident. Each of the five units (pods) has a separate room for the one individual shower so all showers are conducted separately.

Resident population size and makeup:

ACJDC houses both female and male residents from 10 to 17 years of age. For the last year, 876 residents were admitted to the facility, and the average daily population was 30 residents. On the first day of the PREA site visit, the actual resident population was 11.

Staff: total staff size

ACJDC maintains 52 staff members (Certified Peace Officers) who work directly with residents. In addition, there are medical staff and kitchen staff. (The facility contracts for some medical, dental, and mental health services.) Education providers are employed by the Boise School District. The agency uses volunteers and interns for a variety of services and currently has four contracts for services with contractors (13 contractors), and 3 volunteers, who may have contact with residents.

Staff Training: Ongoing, in-house training is provided to all detention staff. Training areas include 10 Laws of Winning Communication, Appropriate Use of Force, CPR, First Aid, Suicide Prevention, Professional Ethics, Policy and Procedure, Prison Rape Elimination Act (PREA).

Services:

Our educational services include two classrooms staffed by Boise School District masters-level teachers, aides, and a liaison. These classrooms provide regular schoolwork from the resident's homeschool, GED, or flex program. A third classroom is dedicated to detention vocational education and is staffed by detention personnel. This classroom is for males who have dropped out of school or who are working on their GED.

Security Levels: medium

Ada County Juvenile Detention's PREA Policy:

The Ada County Juvenile Detention Center has a zero-tolerance policy for sexual activity, threats to engage in non-consensual sexual activity, or solicitation to engage in sexual activity between juveniles, staff and juveniles, and volunteers or contractors and juveniles, whether consensual or non-consensual. Any detention officers, employees, volunteers, or contractors involved in this type of behavior are subject to administrative and criminal sanctions (see Idaho Code sections 18-6110, 18-1501, 18-1506, 18-1506A, 18-1508, 18-1508A, and 18-6101.1).

Juvenile to juvenile sexual harassment, sexual activity, rape, sexual conduct, and/or sexual contact as defined in this policy is prohibited. Juveniles participating in this type of behavior will receive appropriate discipline and may be charged with a crime. Depending on the juvenile's and charge, they may be charged as an adult.

ACJCS PREA HOTLINE – 1-208-577-4808 (24/7 messages) To notify Ada County and ACJCS of the suspected sexual mistreatment of a juvenile in detention (either sexual assault or sexual harassment), please call 208-577-4808 to leave a message. Your message will be forwarded to the Director and acted upon, to potentially include a referral to law enforcement or an administrative investigation.

For Additional ACJCS PREA Information: Contact Ken Jenkins at 208-577-4854 or kjenkins@adacounty.id.go

AUDIT FINDINGS**Summary of Audit Findings:**

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). 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:	4
Number of standards met:	38
Number of standards not met:	1

The following report is a detailed review of PREA Standard Compliance at Ada County Juvenile Court Services Juvenile Detention. This interim report details what standards are compliant and what standards need additional work for compliance. The next step is to complete a corrective action plan and work towards attaining compliance by the final date of October 4, 2021.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1147 297">115.311 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator</p> <p data-bbox="240 327 655 353">Compliance Determination: Compliant</p> <p data-bbox="240 383 564 409">Acronyms used in this report:</p> <ul data-bbox="280 465 919 562" style="list-style-type: none"> • ACJCS: Ada County Juvenile Court Services (parent agency) • PC: ACJCS PREA Coordinator • ACJD: Ada County Juvenile Detention (audited facility) <p data-bbox="240 589 466 616">“Agency” Standards</p> <p data-bbox="240 645 1372 707">a) An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.</p> <p data-bbox="240 734 1468 797">b) An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.</p> <p data-bbox="240 824 1428 887">c) Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.</p> <p data-bbox="240 913 1085 940">The following evidence was analyzed in making the compliance determination:</p> <ul data-bbox="280 996 1492 1395" style="list-style-type: none"> • Ada County Juvenile Court Services (ACJCS) Policy mandating zero tolerance PREA Policy 5-1, page 1, paragraph 1: • ACJCS policy 5-1 outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. • ACJCS organizational chart. • Definitions in Policy 5-1 coincide with standards requirements of prohibited behaviors • Idaho statute 18 • Sanctions for those found to have participated in prohibited behaviors • Description of ACJCS strategies and responses to reduce and prevent SA/SH. • PREA Coordinator position Description • ACJCS policy 5-1, page 2, #6: required ACJCS to appoint a PC • PRE-Audit Questionnaire • PREA Coordinator-Duties and Responsibilities <p data-bbox="240 1422 459 1449">Interviews: PCM; PC</p> <p data-bbox="240 1476 509 1503">Site Review Observations:</p> <p data-bbox="240 1529 1254 1556">Observations during the on-site review of the physical plant and facility function, practice, and culture.</p> <p data-bbox="240 1583 347 1610">Findings:</p> <p data-bbox="240 1637 1465 1744">115.311 (a): Ada County Juvenile Court Services (ACJCS) and Ada County Juvenile Detention Center (ACJD) has a comprehensive PREA Policy, PREA Policy, 5-1, and backup from Idaho Code section 18. 6110, 1501, 1506, 1506A, 1508, 1508A, 6101.1.</p> <p data-bbox="240 1771 1404 1834">ACJCS mandates a zero-tolerance policy towards all forms of sexual abuse and sexual harassment and outlines the agency's strategies for preventing, detecting, and responding to such conduct.</p> <p data-bbox="240 1861 1481 1991">ACJDC policies address “Preventing” sexual abuse and sexual harassment through PREA policy 5-2 with a zero-tolerance policy for any sexual activity. This includes threats to engage in non-consensual sexual activity, and solicitation to engage in sexual activity between juvenile and juvenile, staff, and juvenile, volunteers or contract personnel and juvenile, whether consensual or non-consensual. This is accomplished through:</p> <ul data-bbox="280 2047 1468 2143" style="list-style-type: none"> • The designation of a PREA Coordinator, • Criminal History Background Checks and Child Abuse Registry Checks (Staff, Contractor, Volunteers as applicable), • Training (Staff, Volunteer, and Contractors), staffing,

- Intake Screening, Classification,
- Resident Education, and Posting of Signage (PREA posters, etc.)
- In addition, the policy includes definitions for prohibited behaviors and determinations of substantiated, unfounded, and unsubstantiated allegations of sexual abuse and sexual harassment.

The policies addressed “**Detecting**” sexual abuse and sexual Harassment through

- Training (Staff, Volunteers, Contractors), and Intake Screening.

The Policies addressed “**Responding**” to allegations of sexual abuse and sexual harassment through:

- Reporting, Investigations,
- Victim Services,
- Medical, and Mental Health Services,
- Disciplinary Sanctions for staff (including notification of licensing agencies),
- Incident Review Team, and
- Data Collections and Analysis.
- This policy is consistent with the PREA standards and outlines the agency’s approach to sexual safety.

115.311 (b):

ACJCS Policy, 5-1, page two, #6 states, “the Director of ACJCS will appoint a PREA Coordinator who will help ensure compliance with the rules and standards of PREA.”

In addition, the ACJCS PREA Coordinator-Duties and Responsibilities clarify the primary duties of the agency PREA Coordinator. This document requires, “the agency to employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.”

The ACJCS PREA Coordinator-Duties and Responsibilities are clear and precise, and include:

- Providing guidance to Detention about all PREA policy and procedures,
- Serving as a facilitator to the PREA Compliance Team
- Complete incident reviews (with the PREA Compliance Team)
- Provide PREA advice and counsel to the ACJCS Director,
- Develop the Coordinated Response Plan and sexual abuse response protocols,
- Oversee the coordinated response to any allegations of sexual abuse or harassment,
- Reviews response to allegations and review all documentation,
- Makes recommendations for change in policy/procedure based on incident reviews,
- Conducts unannounced rounds at least once a month-varying day and times,
- Coordinates and collaborates with all key stakeholders,
- Reviews potential PREA training and provides them to ACJCS and partner staff as appropriate,
- Develop and support PREA related training for Detention and other division employees, volunteers/contractors, and residents.
- Other duties and responsibilities as assigned by the Director, in coordination with the Budget and Finance officer

ACJCS’s organizational chart reflects that the PC position is an upper-level position and is out of the organizational structure of ACJDC. The PREA Coordinator is also the agency Training Coordinator and reports directly to the agency’s Director.

The PREA Coordinator (PC) was interviewed and reported having enough time to manage all PREA related responsibilities and the freedom to divert responsibilities to other staff, as needed, to focus on implementing and sustaining PREA efforts. In addition, reported receiving support from the agency director and budget and finance office officer, ensuring adequate time and support, direct access to the ACJCS Director, and the ability to implement policies and practices as necessary to ensure sexual safety requirements. ACJCS employment, for the PC, began 10 years ago and included receiving PREA training in 2011, and overseeing the agency’s implementation of PREA since 2013. The PC’s background includes 11 years as a law enforcement training coordinator, nine years of US Army active duty, and hundreds of hours of training in communications, training skills, and management.

During the site review, the PC demonstrated knowledge of the agency policies and practices designed to promote sexual safety in the facility and was very forthcoming about the institutionalization of the practices of the facility.

The evidence shows that the agency has designated an upper-level, agency-wide PC as verified through the organizational chart, policy directives, job description of the position, and the interview with the PC.

The PC has worked in that position for 7 years and has been directing the successful implementation of the agency's comprehensive ongoing PREA efforts.

In addition, the PREA Coordinator has a PREA Compliance Team that consists of the ACJCS Director, Detention Manager, Detention Assistant Manager, PREA Coordinator, Budget and Finance Officer, Business Analyst (data support), and Detention Administrative Specialist. The PC stated in interviews, that the PREA Compliance Team reviews facts, brainstorms solutions—which includes policy revisions, additional training or education, formal criminal and administrative investigations, budget and procurement revisions, and other solutions. Once the correctives/additions are identified, the leadership of the Department and Detention Division would implement the changes. The PC stated that he remains very involved in following up and ensuring the recommendations resulted in full compliance.

Based on the review of the PRE-audit questionnaire and related documents submitted, PREA implementation appears to be organized and well documented under the leadership of the PC. The preparedness for the audit and overall incorporation of institutionalized sexual safety practices demonstrates that the PC has sufficient time and authority to accomplish PREA responsibilities for the agency. Additionally, the PC's ability to delegate other duties, when necessary, further demonstrates he has sufficient time for overseeing PREA and sexual safety practices in the agency.

115.311 C:

ACJD is the agency's only facility and the PREA standards do not require a PREA Compliance Manager position; however, the facility Assistant Detention Manager shares PREA responsibilities with the PC and is the lead PREA trainer. The facility's organizational chart reflects that the Assistant Detention Director is an upper-level management position in the facility. The PCM reports directly to the Detention Manager, and the PREA Coordinator.

During the interview with the PCM, he stated that he is responsible for all Detention training, policy updates, investigations (including those PREA related), and serves as Detention Manager in the manager's absence. His PREA related duties include compliance and training duties, investigations, website updates, membership in the PREA Compliance Team, and coordinating pre-audit preparations. He states that adequate time is provided to manage the PREA duties, and support is given to him for PREA related authority.

ACJCS/ACJD exceeds this standard by ensuring the Assistant Detention Manager/lead PREA trainer shares compliance manager-type duties with the PC.

ACJCS is compliant with standard 115.311 in policy/procedure, documentation, and practice that is ingrained in the facility culture.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1023 297">115.312: Contracting with other entities for the confinement of residents.</p> <p data-bbox="240 329 638 356">Compliance Assessment: Compliant</p> <p data-bbox="240 385 523 412">“Agency” PREA Standard</p> <p data-bbox="240 443 1422 506">PREA Standard Agency Requirements: “A public agency that contracts for the confinement of its inmates (residents or detainees) with private agencies or other entities, including other government agencies:</p> <p data-bbox="240 533 1485 560">a) Shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards.</p> <p data-bbox="240 591 1394 654">b) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> <p data-bbox="240 683 692 710">Anacronyms used in this standard report:</p> <ul data-bbox="280 761 927 922" style="list-style-type: none"> • PC: ACJCS PREA Coordinator • ACJCS: Ada County Juvenile Court Services (parent agency) • ACJD: Ada County Juvenile Detention (audited facility) • SIJDC: Southwest Idaho Juvenile Detention Center • IDJC: Idaho State Department of Juvenile Corrections <p data-bbox="240 952 681 978">Interviews: Agency Contract Administrator</p> <p data-bbox="240 1008 416 1034">Documentation:</p> <ul data-bbox="280 1086 1449 1216" style="list-style-type: none"> • MOA with IJDC and IJDC for emergency evacuation placements • PRE-Audit Questionnaire • PREA Compliant Audit for SIJDC • PREA Compliant Audit for IDJC on website Prison Rape Elimination Act (PREA) Juvenile Corrections (idaho.gov) <p data-bbox="240 1245 1026 1272">The following evidence was analyzed in making the compliance determination:</p> <ul data-bbox="280 1323 1481 1653" style="list-style-type: none"> • The MOA, for emergency evacuation, has the requirement to comply with all PREA Standards and national rules, and each agency’s requirement to be audited and provide the report to the other agencies to confirm compliance. • PRE-Audit Questionnaire: states that ACJCS does not contract with any juvenile facility for the confinement of juveniles. ACJD is their only juvenile facility. ACJCS PREA Policy 5-1, page 2 • Interviews confirmed the MOA and PREA requirements, as well as ACJD, being ACJCS’s only facility they operate or contract with for confinement of residents. • The SIJDC PREA audit is included in the documentation of this audit and demonstrates their PREA compliance for facilities that ACJCS may have to use in an emergency evacuation. • The IDJC compliant PREA Audits are on their website and demonstrate their PREA compliance for facilities that ACJCS may have to use in an emergency evacuation. <p data-bbox="240 1682 510 1709">Site Review Observations:</p> <p data-bbox="240 1740 1425 1832">The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: observations and interviews of the ACJCS Agency Contract Administrator, ACJD, and ACJCS site reviews; informal interviews; formal interviews; and file reviews.</p> <p data-bbox="240 1861 347 1888">Findings:</p> <p data-bbox="240 1919 1441 1982">ACJCS has not entered or renewed any contracts, with private or public agencies, for the confinement of juveniles since August 20, 2012; except, to enter an MOA that covers emergency evacuation.</p> <p data-bbox="240 2011 1474 2141">In case of emergency evacuation of ACJDC, ACJCS has a Memorandum of Agreement (MOA) with Southwest Idaho Juvenile Detention Center (SIJDC and Idaho State Department of Juvenile Corrections (IDJC) to temporarily house their residents. The agreement includes the sending facility to provide their staff to supervise. In their MOA, section 22, all facilities are required to comply with all standards in the Prison Rape Elimination Act and all applicable federal rules thereto.</p>

In addition, all agencies must undergo an audit within the allowable audit cycle and submit the said report to each of the participating agencies to prove their PREA compliance.

The evidence demonstrates that ACJCS/ACJDC does not maintain any contracts with public or private agencies for the confinement of residents. In 2021, a Mutual Aid MOA, for emergency evacuation of ACJDC, was instituted and has all required PREA requirements of all agencies involved. Interviews with the ACJCS Contract Administrator confirm that there are no contracts for the confinement of juveniles with public or private agencies, except the Mutual Aid MOU. Included in audit documentation is the 2018 compliant audit report for IDJC; however, documentation is needed for the last SIJDC compliant audit report.

ACJCS is compliant with standard 115.312 in paperwork/policy, and practice ingrained into the culture of the ACJCS Detention Facility.

115.313	Supervision and monitoring
	Auditor Overall Determination: Does Not Meet Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 639 297">115.313: Supervision and Monitoring</p> <p data-bbox="240 331 903 358">Compliance Determination: Not compliant with 115.313 b and c.</p> <p data-bbox="240 392 655 418">Anacronyms used in this standard report:</p> <p data-bbox="240 452 855 573">PC: ACJCS PREA Coordinator ACJCS: Ada County Juvenile Court Services (parent agency) ACJD: Ada County Juvenile Detention (audited facility) DOJ: Department of Justice</p> <p data-bbox="240 607 1469 665">Interviews: Intermediate of higher-level staff; Control room staff that logs unannounced rounds; PREA Coordinator; Agency Director; Facility Superintendent; Random Staff</p> <p data-bbox="240 698 403 725">115.313 a, b, c:</p> <p data-bbox="240 730 1453 819"><i>a. The agency requires each facility it operates to develop, document, and make its best efforts to comply regularly with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse.</i></p> <p data-bbox="240 831 1445 889"><i>b. The agency shall comply with the staffing plan except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstances.</i></p> <p data-bbox="240 922 475 949">Facility Requirement:</p> <p data-bbox="240 954 1461 1075"><i>b. Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.</i> <i>c "Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios."</i></p> <p data-bbox="240 1108 491 1135">The DOJ clarifications:</p> <p data-bbox="240 1140 1485 1503">Mandatory staffing ratio of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances. This staffing ratio is not aggregate but describes the ratio of staff to residents that must be maintained in every area throughout the facility. (Effective October 1, 2017). Dated October 3, 2017, states, "Because the minimum staffing ratios enumerated in Standard 115.313(c) apply to the supervision of every juvenile resident in a facility, compliance will depend on the location of each resident, or group of residents, and the location of security staff at any given time. In order to calculate whether a facility is complying with the required staffing ratios, it is necessary to: determine how juvenile residents are housed and programmed within the facility; and examine how security staff members are deployed throughout the facility. Compliance with this standard must be "institutionalized" throughout the facility over a sustained period of time. Further, the relevant staffing ratio must be in place wherever there is youth in the facility. In other words, this is not an aggregate ratio that covers all the youth and all the staff in a facility. Rather, wherever there is youth present, these youth must be supervised by the appropriate number of staff according to the Standard."</p> <p data-bbox="240 1536 1485 1765">Documentation Reviewed for Compliance: PREA Policy 5-1, section 9, 10; Staffing Plan Assessment 2017, 2018, 2019, 2020, 2021; Staffing Plan Review Sheet; Out of Ratio Log 2019-2020; Well-Being Check/Staff Ratio report 2019-2020; Idaho Statute 05.01.02 section 212.02; Unannounced Rounds documentation 2019-2020; unannounced rounds 2020-2/2021; headcount reports; Ada County Detention Inspection Report 2019 and 2020; ratio logs 2020-2/2021; 2021 staffing plan; Ada Co. Detention Inspection report 2019 and 2020; staffing ratio deviation reports during 2021; facility reasoning for out of compliance; staffing plan changes during corrective action; population updates; corrective action plan, progress, and completion reports; 5 to 15-minute checks for all times an area had a deviation from required staffing ratios; DOJ FAQ.</p> <p data-bbox="240 1798 528 1825">Site Review Observations:</p> <p data-bbox="240 1830 1445 1919">The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: including observations and interviews ACJD and ACJCS site reviews; video observations; process observations and walk-throughs; informal interviews; formal interviews; file reviews; and observations of daily facility operations on all shifts.</p> <p data-bbox="240 1953 1493 2145">The second onsite visit, conducted February 9-10, 2021, included an in-depth site review of all areas of the facility and observing staff in day-to-day activity and supervision. The staff ratio of 1:8 and 1:16 is based on residents who are out of their rooms. In those areas the staffing ratios are met and often exceeded; however, the ratios are not met when residents are in their rooms. Interviews with staff and residents, and site observations, confirmed that residents who are locked down in their rooms do not have a staff supervising them – within sight and/or sound of them – but have staff monitoring them by completing 15-minute room checks in the unit. Video checks confirmed this.</p>

The evidence reviewed demonstrates that:

PREA policy 5-1, section 9; requires ACJDC to maintain “adequate” staffing and video monitoring to prevent sexual abuse and sexual harassment. This includes 1:8 during waking hours and 1:16 during sleeping hours. This is a compliant policy.

PREA policy 5-1, Section 10; requires yearly assessment of the detention staffing plan to ensure staffing ratios are met, video monitoring systems are adequate, and blind spots are identified, and resources are available to make necessary changes. This includes a yearly report written and signed off by the Director of ACJCS. This report takes into account: IDAPA rules for juvenile detention in the state of Idaho; Findings from internal and external oversight bodies; Components of the physical plant-including blind spots, the technology used for monitoring residents, or areas where residents may be isolated; Composition of the resident population; Number and place men of staff and supervisors, programs occurring on a particular shift; The prevalence of substantiated and unsubstantiated incidents of sexual abuse and any other relevant factors discussed during the assessment. This is a compliant policy.

Weekly schedule for all staff at Ada County Detention: this includes 25 staff and 2 vacant positions, 4 supervisors, 3 assistant supervisors, and 1 vacant position, Two management positions, 5 medical positions, 1 Youth Development Specialist, a Detention Officer, and 9 on-call staff.

Staffing Plan Review Sheet: Used to yearly assess the staffing plan. Categories included: average daily population; assessment if the current staffing plan is meeting the required staffing ratios; any proposed changing to staffing patterns; review of video monitoring system – current number of cameras, known blind spots, and proposed upgrades to the video system for the upcoming fiscal year; and an outcome section – plan to alter staffing or video equipment and resources required to accomplish this. This is a compliant review template.

Staffing Plan Assessments

Staffing plan assessments, since 2017 show a clear progression of addressing the needs of staffing and cameras. 83 cameras in 2017; 9 new cameras in 2018 and a new NVR to record them; 2019 has 94 cameras and a budget for 2020 that includes a security upgrade updating from analog to digital and New DVR’s and wiring-includes cameras, wiring, DVRs, and interface with existing touch screen system. Requested additional 6 staff for 2018 to ensure they are meeting the ratio during day shift – 3 approved; Two new staff allocated in the 2020 fiscal year budget. 2017 shows the current staffing plan has a total of 15 staff working a day; 2018 shows 17 staff working a day; 2019 shows 17 staff working a day; 2021 confirms there are 19 staff and the Detention Manager and Assistant Detention Manager (M-F 8-5).

Staffing Plan Assessment July 26, 2017: average daily population 35; requested 6 additional positions due to concern about meeting ratios during the day in the classroom – got 3 positions; zero allegations; 3 new staff allocated – 2 on the 8-8 and 1 on the 0830-1630; 83 cameras; Blindspot identification and need for 9 new cameras and NVR to record – however, no money for cameras and installation.

Staffing Plan Assessments – after the required compliance date of October 2017:

The above date was the final date for juvenile facilities to be compliant with a 1:8 and 1:16 staffing ratio, in every area of the facility where residents are present. This involved a grace period given to juvenile facilities in 2012. The following 2018-2020 staffing plans are not compliant with the mandatory compliance date, for this staffing ratio, of October 2017. They are compliant with the requirement to assess the staffing plan yearly.

Staffing Plan Assessment July 25, 2018: Difference: 92 cameras – added 9 in 2018 and new NVR to record; average daily population 30; and 0 allegations in 2018; and no proposed changes to staffing plan.

Staffing Plan assessment-September 25, 2019: The staff involved included the Director of ACJCS, Dawn Burns, PREA Coordinator Ken Jenkins, Asst Detention Manager, 3 Shift Supervisor, and one Asst. Shift Supervisor. It listed 0 substantiated and unsubstantiated incidents of sexual, that there were no proposed changes to the staffing plan. It did state that two new detention officer positions were allocated for the fiscal year 2020 in the county budget plan. Also stated, there are 94 current cameras, evaluated blind spots, the proposed upgrade to the camera system – update from analog to digital – and new DVRs and wiring; and that resources to complete the upgrade were approved in the 2020 operations budget. Plan signed by the Assistant Detention Manager. The plan determined that the facility was meeting the staffing ratio required; that there were no findings of inadequacy from internal or external oversight bodies; that it allowed “adequate coverage” for daily activities.

The 2020 staffing plan assessment was based on staffing ratios by area, where residents are out of their room, and not by an area where residents are present, including in their rooms.

The 2021 (February) staffing plan assessment updated the required staff per area where residents are present. This included planning for the increased resident population and increased staff per area and the need for increased staff if the resident population increases. It also noted that the increased staff needed is not included in the 2022 budget, at this time. This staffing plan is compliant with the requirements of this standard and was implemented during corrective action.

Pre-Audit Questionnaire: states that the average number of residents is 30 and the average number of residents the

staffing plan is predicated is 48. The PREA-Audit Questionnaire states that: there have been 10 deviations from 1:8 waking hours staffing ratios in the past 12 months, and there has been 1 deviation from 1:16 in the last 12 months. This is predicated on the assumption of staffing per area, where residents are out of their room, and is not compliant.

Out of ratio log: 3/1/19-1/3/20: states that there have been 11 incidents recorded of out of compliance of the staffing ratio; reasons included: 8 staff sick, 1 vacation, 10 staff listed as "off", 1 hospital transport and 3 sick staff on 5/1/19, 9 staff listed as "off, no cover". This is predicated on the assumption of staffing per area, where residents are out of their room, and is not compliant.

This log indicates the main reasons for being out of ratio is staff off or calling in sick. Only one reason-the hospital trip- is an exigent circumstance. The other reasons are facility planning-related-normal facility expectations/operations. Of ratio, the log shows date, shift, time, resident population, number of staff on shift, and reason of shortage. It does not show how long the facility was out of compliance and what was done to bring it into compliance.

The Staffing Out of Ratio Log, developed and used during corrective action, is compliant with the standard requirements of documenting deviations of out-of-staff ratios, per area where residents are present.

Idaho statute 05.01.02 section 212.02: Staffing: "The detention center shall have staff to perform all functions relating to security, supervision, services, and programs as needed to operate the detention center. The detention center shall have policy and procedures in place governing staffing and shall submit a staffing plan to the department prior to licensing and renewal. It is recommended that the staffing plan have at least two (2) staff awake and on duty through sleeping hours and the following staff during waking hours as governed by the one (1) direct care staff to eight (8) juvenile offenders, plus one (1) staff rule:

(3-30-07) a. If the detention center houses eight (8) or fewer juvenile offenders, there should be at least one (1) direct care staff and one (1) other staff awake at all times. (3-30-07) b. If the detention center houses more than eight (8), juvenile offenders, there should be one (1) direct care staff for each eight (8) juvenile offenders plus one (1) additional staff awake at all times. Example: if the detention center houses thirty-two (32) juvenile offenders, four (4) direct care staff would be recommended (one (1) staff to eight (8) juvenile offenders), plus one (1) additional staff for a total of five (5) staff. (3-29-12) 03. Gender of Employees. At least one (1) of the detention center employees on duty should be female when females are housed in the detention center and at least one (1) should be male when males are housed in the detention center. An employee of the same gender as the juvenile offender being detained shall be on duty at the time.

Idaho law does not require 1:8 and 1:16 per area where residents are present. It requires an aggregate number of staff per resident in the facility. The National Prison Rape Elimination Act and standards require 1:8 and 1:16 for all areas where residents are present.

On-site observations and interviews:

There were 14 residents currently in the facility at the time of both on-site visits. Interviews conducted to determine compliance with this standard were: Intermediate or higher-level staff; Control room staff that logs unannounced rounds; PREA Coordinator; Agency Director; Facility Superintendent; Random Staff. Video monitoring was reviewed for documenting room checks, as was the log in the control room where these rounds are documented when they occur.

Ada County Detention Inspection Reports 2019 and 2020: 2019-This report states that there are no recommendations at this time and all standards have been met or exceeded. **2020-**found in compliance and certified as compliant with the Idaho Secure Juvenile Detention Standards.

Review of documentation (staffing out of ratio logs, unannounced round, well-being checks, the staffing plan, and staffing plan assessments) confirmed that staffing ratios are determined by staff to residents when residents are out of their rooms, not staff-to-resident in every area where there are residents present.

Interviews and documents confirmed deviations from the staffing ratio are documented and this action is ingrained in the facility culture; however, during corrective action, the documentation was enhanced by documenting when the staffing ratio was out of compliance with 1:8 and 1:16-in areas where residents are present, how long the area was out of compliance, why, and what was done to bring it back into compliance. This documentation was tracked, through the corrective action period, and deemed compliant with tracking and documenting these incidents, at the end of corrective action.

Staffing Plan:

During the 30 days after the on-site visit, ACJCS reviewed their staffing plan and adjusted it to require ratios of 1:8 in all areas where there are residents during the day, and 1:16 in all areas where there is the staff- at night.

The new staffing plan, dated 2/26/2021, details the number of staff on every shift; the number of residents the staffing plan is based on is 25; the change from staffing based on areas where residents are out of their rooms to staffing ratios or 1:8 and 1:16 for all areas where youth are in; it details all areas and staff needed in each area; where staff must be located to cover the ratios; what actions need to take place based on the number of residents in each area; no findings of inadequacy based (reports are part of this audit documentation); review of video monitoring system and security upgrade details that are in

progress; and resources required going forward into 2021. This plan is signed by the Assistant Detention Manager and is a compliant plan.

Corrective Action and Documentation 115.313 a, b, c:

During corrective action, ACJCS/ACJD:

1. Implemented their new staffing plan based on staff needed for each area where residents are present. This plan took into consideration the number of housing areas, programming areas/schedules, court hearings, bookings/releases, visitation, residents, and the number of staff on duty. The staffing plan included staffing Pod 4 and 5 continuously and moving all male residents into Pod 4. In addition, moving female residents from the wings into Pod 5-no longer using the wings that are not continuously staffed or constructed to allow for direct supervision.
2. Made programming adjustments that allowed for separating male residents by risk level, during programming, yet housing all male residents in the same unit/pod. (Single room placement)
3. Added Two camera rooms in Pod 4, and in pod 5, giving them the ability to house residents on suicide level in pods that were continuously staffed.
4. Observed COVID quarantine, for new youth, until a negative COVID test is received. This resulted in more residents remaining in their rooms and not programming with the general population and far fewer times when the Pods have no residents present.
5. Worked with the court and judicial partners to educate them on PREA staffing requirements and the importance of keeping the number of youths in detention low. Over the last 6 months, the average daily population has been 15 residents, down from an average of 30 residents before the change.
6. Was not granted any additional staff positions for the 2022 fiscal year, creating the need to keep the resident population low until another solution can be found for maintaining required staffing ratios in every area where residents are present.
7. Uploaded to the OAS audit, monthly during corrective action, unannounced rounds logs, well-being logs, headcounts logs, and out of ratio logs to demonstrate compliance with staffing ratios, the new staffing plan, and each time they were out of compliance, why, how long, and what was done to get back into compliance.
8. Ensured central control knew when pods were short-staffed or unstaffed. All residents were locked in individual rooms, cameras were increasingly monitored, sophisticated room intercom system monitored, as well as 5-to-15-minute room checks were completed.
9. Struggled to maintain PREA required staffing ratios of 1:8 and 1:16 in all areas where residents are present during the corrective action period. A review of the out of ratio logs contained a significant number of times when areas were short-staffed or unstaffed, due to normal, expected, facility functions (sick call, training, intakes, room checks in other areas, paperwork.) ACJD reduced deviation incidents from 142 documented incidents of out of compliance incidents, in May 2021, to 5 in July, and 12 in August; however, this increased back up to 25 in September-the last month of corrective action.
10. Challenged the staffing ratios needed, as determined by this audit interim report, to the PREA Management Office (PMO); however, the PREA standards require the final report to be completed before an agency can challenge an audit finding. It is this auditor's understanding that ACJCS will file that appeal at the competition of this final report regarding staffing ratios required in all areas where residents are present.

115.313a-compliant

ACJCS/ACJD provided documentation of making their best efforts to comply regularly with their staffing plan - that provided for required levels of staffing, as well as video monitoring and extensive intercom system monitoring. The staffing plan documented the issues with staffing shortages and demonstrated the level of staffing required to raise the population levels. When out of compliance, thorough documentation was recorded and provided.

115.313b-not compliant

ACJCS/ACJD thoroughly documents and justifies all deviations from their staffing, in their Staffing Out of Ratio Log, even if it is a very short period. This documentation exceeds the requirements of this standard and is an outstanding example of ingraining this practice and documentation into facility culture. This information is recorded in a central location, on an ongoing basis.

Although ACJCS/ACJD thoroughly documents deviations, the agency does not comply with the staffing plan, except in discrete exigent circumstances. The predominant reasons are due to normal, expected facility functions and not an emergency, limited circumstances. (See 115.313c for documentation)

115.313c: -out of compliance

ACJCS/ACJD does not consistently maintain staffing ratios, of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, in every area where residents are present-except during limited and discrete exigent circumstances.

While ACJCS/ACJD is compliant with developing, documenting, and implementing a compliant staffing plan (115.313a), and fully documents all deviations from that staffing plan (115.313b), they are not in compliance with maintaining the required ratios of 1:8 and 1:16 (day and night hours) in all areas where there are residents present, except in limited and exigent circumstance (115.313 c) as required by October 2017.

Exigent circumstances are defined in the PREA rule as, "any set of temporary and unforeseen circumstances that require immediate action to combat a threat to the security or institutional order of a facility."

The most common reasons for deviating from the staffing plan, at the end of the corrective action plan, were short-staffed, intake, OBS 4 checks, paperwork, meeting, training, and unstaffed. Staff interviewed stated that the following issues are still current: down 3 positions, 2 staff on military leave, 1 staff on maternity leave, 1 staff on light duty, staff on sick leave, and one on bereavement leave, and only being able to cover some of the out-of-compliance issues with on-call and overtime staff; however, most deviations are part of expected facility operations and not one-time limited emergencies.

The current COVID situation has created some great challenges for this facility. ACJCS/ACJD has made valiant efforts to ensure their residents are safe by minimizing the area for supervision, changing staffing patterns, documenting deviations, use of on-call staff, and making program adjustments. In addition to staff supervision, ACJCS/ACJD provides video monitoring and has an extensive intercom system; however, while enhancing staff supervision, it does not take the place of actual staff supervision required in all areas where residents are present.

At the end of the corrective action period, the required juvenile staffing ratios proved to be a challenge that could not be accomplished in the corrective action period. In addition, a contributing factor was the misunderstanding of the required staffing ratios, instituted in October of 2017, of 1:8 and 1:16 in every area where residents are out of their rooms, instead of in every area where residents are present, causing this facility to lose valuable time in the implementation of PREA compliant staffing ratios.

115.313 D: compliant

PREA Standards "Facility" Requirement: Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by 115.311, the agency shall assess, determine, and document whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section; Prevailing staffing pattern; The facility's deployment of video monitoring systems and other monitoring technologies: and (3) The resources the facility has available to commit to ensuring adherence to the staffing plan.

Documentation Reviewed for Compliance: PREA policy 5-1, Section 10 ; Weekly schedule for all staff; Staffing Plan Review Sheet Template; Staffing plan assessments from 2017-2021 (as described above in standard a, b, c)

The evidence demonstrates that:

The ACJCS Policy is compliant in requiring the agency/facility to review the staffing plan yearly.

The staffing plan review covers the required categories of assessing, determining, and documenting whether adjustments are needed to the: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

ACJCS/ACJD has reviewed their staffing plan and included documentation from 2017 to 2021 and demonstrates that this is in policy, practice, and ingrained in the culture.

PREA Standard 115.113E: Compliant

Facility Standard Requirements: E 1,2,3,4:

E1: The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment.

E2: The facility documents unannounced rounds.

E3: Over time the unannounced rounds cover all shifts.

E4: The facility prohibits staff from alerting other staff of the conduct of such rounds.

Interviews: ACJD Supervisors (3); ACJD Assistant Detention Supervisor; PREA Coordinator; Random Staff

Documentation: ACJCS Policy 5-1, section 9; Unannounced Rounds/Well-Being Check completed forms.

The evidence demonstrates that:

Ada County Detention has a policy, PREA policy 5-1, section 9, the Director of ACJCS, Detention Manager, Assistant Detention Manager, PREA Coordinator, or Designee shall conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. It states this shall be done on both day and night shifts, at random times and days of the week. It prohibits staff from alerting other staff of when these rounds are occurring, and that the documentation of

these rounds is to be kept by the Assistant Detention Manager.

Unannounced rounds, Well-Being Check/Staff Ratio Reports, and Staffing Ratio Reports 2/2019-2/12/2021 were received by this auditor through the corrective action period and were conducted daily, on all shifts. Observations and documentation reviews, while on-site, confirmed these checks were completed and monthly reports were received through the corrective action period.

Outstanding practice Recognized: ACJD has a very efficient and accurate system of documenting 15-minute cell checks, unannounced rounds, well-being checks, unannounced rounds, and out of ratio logs. The control room staff, who is monitoring all units, documents every check made as soon as it is completed, and observes upper-level staff making unannounced rounds, and then document them when that staff completes the round and notifies the control room staff. This ensures that all rounds are completed and documented as they occur and is accurate and double-checked for documentation. This is an excellent practice and exceeds this standard.

Interviews confirmed that the unannounced rounds are done on an ongoing basis, on all shifts, and at varying times. Staff is not able to alert other staff because these rounds are so common that staff does not know when they are being done. The Central Control staff person observes these rounds and documents these rounds as soon as they are complete.

115.313. Final Standard Findings

This standard is out of compliance with 115.313 b and c. Compliant parts of this standard include 115.313 a, d, and e.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.315 - Limits to cross-gender viewing and searches</p> <p>Compliance Determination: Exceeds Compliance</p> <p>Anacronyms used in this standard report:</p> <ul style="list-style-type: none"> • PC: ACJCS PREA Coordinator • ACJCS: Ada County Juvenile Court Services (parent agency) • ACJD: Ada County Juvenile Detention (audited facility) • DOJ: Department of Justice • POST: Peace Officer's Standards and Training <p>Facility Requirement:</p> <p>a: "The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances."</p> <p>c: Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.</p> <p>Agency Requirement:</p> <p>b: "The agency shall not conduct cross-gender pat-down searches except in exigent circumstances."</p> <p>Documentation Reviewed for Compliance:</p> <p>ACJCS PREA Policy 8-6, section 3-4, page 1; Policy 8-5, section 4, 7; Pre-Audit Questionnaire; NIC Cross-Gender Video/training; Policy 8-6, section 1, 2, 4; Training Curriculum for cross-gender searches; Idaho State Law; statements of understanding; training logs</p> <p>Interviews: Random and Specialty Staff; Residents, PC</p> <p>Site Review Observations: The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: observations and interviews of random staff, residents, the ACJCS PREA Coordinator (PC), ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p>The evidence demonstrates that:</p> <p>ACJD does not conduct cross-gender strip searches, pat-down searches, or cross-gender visual body cavity searches, even in exigent circumstances. The only exception is when a search is performed by medical practitioners.</p> <p>ACJCS/ACJD requires all searches to be conducted by the same gender staff of the resident.</p> <p>ACJCS PREA Policy 8-6, section 3-4, page 1: states, "All searches of residents, including pat searches and strip searches will be conducted by detention officers of the same biological sex as the resident. No person of the opposite sex of the resident, other than health authority or medical employee, shall observe the resident during searches. If a search is needed and there is not a staff member of the same sex available the juvenile will be asked to empty their pockets, remove their belt and shoes, and be placed in a holding cell. They will be continuously monitored by staff until such time that a staff member of the same sex is available."</p> <p>Since ACJD houses male and female offenders, facility management ensures adherence to this protocol by always assigning a minimum of one female and one male staff to each shift. This guarantees that residents can undergo the intake process at any time of the day or night without using cross-gender strip searches. In addition, Idaho State Law requires at least one female staff member and at least one male staff member to be on duty to ensure no cross-gender searches are conducted in juvenile facilities.</p> <p>All staff and youth interviewed confirmed that cross-gender strip searches are not conducted at ACJD. Staff interviews confirmed that they are not trained in performing cross-gender searches; however, all detention staff reported being trained in conducting transgender searches, to ensure professional and knowledgeable searches are conducted. ACJD submitted a training curriculum to verify that all staff has been trained.</p>

The Strip Search Protocol is included in ACJCS PREA Policy Section 8, page 3, which states, "No body-cavity searches will be conducted by detention personnel. Body searches can only be conducted by medical practitioners." All strip searches are visual strip searches, performed by request of the resident's Probation Officer, the court, or law enforcement. Otherwise, the only search conducted at ACJD is a pat-down search by same-gender staff.

Staff interviews confirmed that when a strip search is warranted, these searches are done in a way that is consistent with trauma-informed care. All ACJD staff are POST Certified and receive additional search training at the academy.

Interviews with staff and residents confirmed all residents shower individually and privately. In addition, all residents have individual rooms with toilets and are not in the bathroom area with other residents. Privacy is ensured to residents who shower, toilet, or change, by providing a window cover to use in their individual rooms, when this is occurring. Video cameras do not cover individual rooms or showers and in rooms that have cameras for security, there is a dot placed on the camera that covers the toilet area—as observed in Central Monitoring.

PREA Policy 8-6, section 3-4, page 1 states, "Male staff will not enter a female residents room and female staff will not enter a male residents room (except in the case of extreme emergency, at which point a code "3" emergency response shall be called) Code "3" emergency response is defined as an imminent threat to the physical welfare of the resident, other residents or staff in which an emergency radio call goes out to all available staff and medical staff to report to the location of the emergency."

Interviews with staff and residents confirmed that this policy is strictly followed and enforced.

An additional privacy practice is enforced when staff, of a different gender from that of a resident, enter an area where the resident may be in a state of undress, the staff will knock and announce that they are entering the area. "The resident will be given enough time to respond verbally and take action to preserve their privacy." On-site observations and interviews confirmed this practice is in place and institutionalized in the facility.

PREA Policy 8-5, section 9: Prohibits searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown it may be determined during conversations with the resident by reviewing medical records or if necessary, by learning that information as part of a broader medical examination conducted by medical practitioners.

Interviews with staff confirm staff knowledge, practice, and that this policy is ingrained in the culture of this facility.

The Pre-Audit Questionnaire states that there have been zero cross-gender strip or cross-gender visual body cavity searches of residents; however, the policy does not allow for cross-gender searches and has a protocol to ensure someone of the same biological sex as the resident will search the resident.

To exceed compliance with this standard, ACJCS/ACJD has instituted, trained, and enforced the following Cross-Gender Supervision policy: PREA Policy 8-6 section 1, 2, and 4, Cross-Gender Supervision. Policy: All individual supervision of residents shall be provided by a staff of the same gender as the resident. Purpose: Provide detention staff with clear expectations as to when duties require gender-specific supervision.

"This policy includes requirements for same-gender supervision duties. These include during admission, showering, and escort to housing; during well-being checks, this excludes residents in the observation rooms which are monitored by camera and observed by control staff for the safety of these high-risk residents. Toilet areas of observation rooms are to remain blocked.

If a gender-specific staff is not available for well-being checks or to escort residents to booking, medical, and classrooms, they may be conducted by a staff of the opposite gender under the following conditions: supervisor approval; date and time of occurrence and reason documented in wellbeing log; detention officer announce themselves when entering wing or pod that houses residents of the opposite gender.

Male staff will not enter a female residents room and female staff will not enter a male residents room (except in the case of extreme emergency, at which point a code "3" emergency response shall be called) Code "3" emergency response is defined as an imminent threat to the physical welfare of the resident, other residents or staff in which an emergency radio call goes out to all available staff and medical staff to report to the location of the emergency."

Training logs and statements of understanding, included in this audit's secure documentation, confirms that staff have received search training, including cross-gender-search training, and understand and practice the requirements of this standard.

Interviews of staff and residents and on-site observations overwhelmingly confirmed this policy to be in practice and institutionalized into the culture of ACJD.

ACJDC Exceeds compliance with standard 115.315.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1153 297">115.316 - Residents with disabilities and residents who are limited English proficient.</p> <p data-bbox="240 329 754 356">Compliance Determination: Exceeds Compliant</p> <p data-bbox="240 387 655 414">Anacronyms used in this standard report:</p> <ul data-bbox="280 468 927 660" style="list-style-type: none"> • PC: ACJCS PREA Coordinator • ACJCS: Ada County Juvenile Court Services (parent agency) • ACJD: Ada County Juvenile Detention (audited facility) • DOJ: Department of Justice • POST: Peace Officer's Standards and Training • LEP: Limited English Proficient <p data-bbox="240 692 667 719">Documentation Reviewed for Compliance:</p> <p data-bbox="240 750 1493 1041">PREA Policy 1-3 Admissions, page 1, section 3; Spanish Forms: Rights and Responsibilities of residents; Juvenile Education; Investigation flow-chart; PREA test; PREA Policy 1-3, section 3b; PRE-Audit Questionnaire; PREA Policy 15-5, section 1; Two recent hire Promotion and hiring questions; employee records file review; contractor file review; PREA Policy 5-5, section 1b; PREA policy 15 5.1, section c; Spreadsheet of staff/contractors/medical and part-time staff; New Hires required checks; Acknowledgement of training of residents 2021; Booking Duty to Warn Form; Revision of Accessing Medical Care at ACJCS; Residents Rights and Responsibilities 2021 update; PREA Vulnerability Assessment 2021 Revision; Resident PREA Basic Education Slides 2021; PREA Language Access Plan 2021; PREA Disability Plan 2021; All forms, booklets, posters, and resident information in Spanish; PREA Policy Update (Disabilities); PREA Disability and Language Access Plan Training; Training sign off/understanding sheets; Staff Disability Training 2021 and rosters</p> <p data-bbox="240 1072 1182 1099">Interviews: Random Staff; Random residents; PC; ACJCS Director, residents with disabilities.</p> <p data-bbox="240 1131 491 1158">Agency Requirements:</p> <p data-bbox="240 1189 1485 1547">PREA Standard Section A: "The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, 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 agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration like a service, program, or activity, or undue financial and administrative burdens, as those terms are used in regulations promulgated under Title II of the Americans with Disabilities Act, 28 CFR 35.164."</p> <p data-bbox="240 1579 512 1606">Site Review Observations:</p> <p data-bbox="240 1637 1485 1762">The onsite reviews-conducted in two onsite visits (due to COVID-19 issues) included: observations and interviews of random staff, residents, the ACJCS PREA Coordinator (PC), ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p data-bbox="240 1794 550 1821">The evidence demonstrates:</p> <p data-bbox="240 1852 280 1879">A1:</p> <p data-bbox="240 1910 1485 2103">ACJCS PREA Policy 1-3 Admissions, page 1, section 3: states, "ACJCS shall take appropriate steps to ensure that residents with disabilities or who are English deficient 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. This includes providing interpreters for residents, including blind, deaf, or hard of hearing residents; if a juvenile is unable to read or is visually impaired, detention staff will read the PREA material to them to ensure understanding; if a juvenile is deaf or hard of hearing a written copy of the resident PREA class will be provided. "</p> <p data-bbox="240 2134 1485 2161">This ACJCS policy specified that "ACJCS will provide interpreters for blind, deaf, or hard of hearing residents; reading PREA</p>

material to residents who are unable to read or visually impaired, and a written copy of the resident PREA class is provided.”

The PREA standard, 115.316 a, b, asks for established procedures. This would include detailed procedures for all actions that would be taken for all residents to create accessibility and accommodations for youth with disabilities. Accessibility means having a place, environment, or event that is set up from the start to be accessible to all individuals.

During the on-site visit, the site review included interviews with random staff, random residents, residents with disabilities, and the PREA Coordinator. During those interviews, staff was not able to identify accommodations already available for residents, with the above-named disabilities. All stated they would immediately contact a supervisor, or the PC if services were needed.

In addition, staff indicated they did not remember any specific training on all the disabilities listed and were not aware of any accommodations built-in, except for reading the material to a resident, due to low reading ability and providing residents with a copy of the curriculum. The staff was clear that they may have had some training in disabilities and just not remember it.

Spanish Forms: this auditor reviewed various forms available in Spanish, for residents. These included: resident's rights and responsibilities; juvenile education and signed understanding form; the investigation flow chart; and the PREA education test. In addition, during the site review, this auditor observed a Spanish poster on the wall in several units. This poster was about sexual abuse and had a small sticker indicating how to reach the advocate service by the resident telephone system.

During corrective action:

ACJCS created a new Disabilities Policy, policy 2-6. This policy detailed and covered the full realm of disabilities and actions to ensure all residents 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. The details included the following:

This policy's purpose: To ensure all residents, regardless of their disability, understand why they are being detained, how PREA provides rights and protections, and what the court system entails.

The Policy ensures, “All juveniles possessing a disability that are under the care of Ada County Juvenile Detention will be provided equal and fair service by Detention staff, regardless of the nature of the disability. This includes receiving information about the Prison Rape Elimination Act (PREA) and victim services.”

This policy included detailed procedures that address exactly how ACJCS/ACJD provides PREA services and access to services for all residents, including those with disabilities. This included: ensuring documents at a reading level of 5th-6th grade; a 14-16 font size to make reading and understanding better; providing a staff member to read documents to residents with vision-related disabilities and ensure understanding; providing written materials to residents who are hearing impaired or deaf and ensuring understanding; and providing interpreters for the blind, deaf, or hard of hearing residents. This included all documents, forms, posters, brochures, handbooks, forms, assessments, and any other PREA documents or education provided to residents.

Additional procedures included: Booking staff will consider any disclosed, visible, or noted disabilities when a resident arrives at the facility, and those items will be used to make decisions on the risk for sexual victimization or abusiveness (including housing and programming); Detention leaders and staff will take disabilities into account when making decisions about disciplinary sanctions following any incidents of resident-on-resident sexual abuse or sexual harassment; Education to residents, including Detention-staff programming as well as Boise School District classes, will include formats that provide accessibility for all residents, including those who are deaf/hard of hearing, blind/visually impaired, other disabilities, and those residents with limited reading skills; As necessary, additional auxiliary aids and services required under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) will be provided to residents with disabilities. These include, but are not limited to, the following: a) Qualified interpreters for deaf or hard of hearing residents; b) Brailled materials or large print materials for blind or low-vision residents; c) Acquisition or modification of select equipment/devices, such as wheelchairs, magnification devices, and electronic devices to assist with communication; d) Readers or note takers for residents with cognitive or intellectual disabilities; and, e) Distraction-free learning areas for residents with psychiatric disabilities;

To increase access to both the facility and information, ACJS Detention will provide several services and adjustments. These include the following: a) Sufficient space in classroom rows and aisles to permit residents with wheelchairs, walkers, or other devices to safely maneuver (36-inch width); b) All printed materials (see #1 above) provided to residents will be in Tahoma font, at least 14 to 16 font size, with high contrast (white paper, black ink), left-aligned with limited sentence length (8-15 words per line), and upper- and lowercase lettering. The most important information will be listed first; c) Posters will be placed at a height that makes them readable for residents in wheelchairs; d) Bound multiple-page materials (such as the Resident Handbook) will be simply bound and easy to open by any resident with limited manual dexterity; e) Electronic materials (such as the PowerPoint presentation used in the weekly Saturday PREA class) should be of sufficient font size and design (see above) to be easily read; f) Any video shown to residents should have a closed-captioning option for hearing-impaired residents; and g) Meeting rooms (such as visitation or interview rooms) should be set up to provide

maximum line-of-sight between an ASL interpreter and a deaf resident; where possible, an ASL interpreter should be available for in-person educational classes.

Specifically, for residents with cognitive or intellectual disabilities, several steps will be taken to ensure they can understand Detention guidance, including information regarding PREA: a) Where possible and when appropriate, use pictures or images to augment text; b) Use clear, simple language terms and avoid jargon or technical terms; c) When using an abbreviation or an acronym, spell it out completely the first time; d) Always do a verbal check-in with the resident to ensure they comprehend the document.

For residents with psychiatric disabilities, additional actions will be provided to ensure comprehension: a) Minimize distractions in the learning environment, including unnecessary noise and wall decorations; b) Keep presentations structured and on topic; c) Ensure a note-taker is provided when necessary.

To guarantee resident access to methods for reporting sexual abuse and sexual harassment, multiple methods will be provided to all residents, including those with disabilities. Specifically, these include a) Phones that are wheelchair accessible; b) Phones with access for hearing-impaired, such as videophones, text telephones (TTY), or phone amplification devices (or alternative devices if such phones are not available within ACJS Detention); c) Written materials in 16 fonts, telling how and to whom to report; d) Written materials in Braille and written materials enhanced with pictures (as appropriate); e) Written materials written in plain language, succinct and jargon-free.

To provide residents with ease of access to victim services, posters, and materials: will give residents the information needed to confidentially contact Advocates Against Family Violence (AAFV), our service provider. These methods include both phone access and written (USPS) contact.

In addition, the ACJCS Disabilities policy requires staff to be trained once a year on disabilities and ensure full access for residents with disabilities. Detention and Detention Medical staff will receive training on behaviors of residents with disabilities, techniques on how to conduct conducting a preliminary assessment of the disability itself (note: a full medical assessment may need to be conducted in conjunction with Programs Clinicians and/or St. Al's Hospital staff). PREA briefings and training, and tips for conducting a risk assessment.

The training was provided to all staff on the PREA Disability Plan. The curriculum, statements of understanding, and final interviews of staff are included in this audit documentation and demonstrate ACJCS/ACJD exceeding these PREA standards requirements. Training included: visual disabilities, how to conduct resident training, risk assessments, and disability assessments; in addition, the behaviors staff are likely to see in residents with disabilities and how those residents may react to sexual abuse or harassment; finally, the accommodations that must be provided to those residents.

The ACJCS PREA policy and procedures, posters, forms, resident education material, resident handbook, and all additional forms used with residents (risk assessment, Duty to Warn, Resident Rights and Responsibilities...) were assessed for needed modifications and changes were made in policy and procedures, to specifically lay out what is provided and how it is provided. In addition, all written materials were changed to reflect the usage of basic language, larger font, spacing words/sentences out, and clarity. Policy 2-6 was edited to include resident accommodations procedures for residents with disabilities, including those who are deaf, hard of hearing, blind, low vision, intellectual, psychiatric, speech, limited reading skills, and other disabilities.

At the end of the corrective action period, ACJCS/ACJD is not only compliant but exceeding compliance with 115.316a standards requirements.

115.316 B: English Language deficient (LEP) Exceeds Compliance

PREA Policy 1-3 section 3: "ACJCS shall take appropriate steps to ensure that residents with disabilities or who are English deficient 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."

This policy was a good place to start, in the development of ACJCS procedures that outline the appropriate steps to take when a resident is English deficient.

During the corrective action period, the following changes were developed, implemented, and put into daily practice:

ACJCS Detention Leadership: conducted a review of existing resources for interpreter services, language line, detention employees, American sign language resources, MOUs, and identified any deficit. In addition, they ensured language access is considered in any emergency response, protocols, and drills, including fire drills and other evacuations

PREA Coordinator, Detention Leadership, and ACJS Director worked together to provide a system of quality control for Detention LAP and note-over time what services need to be revised, expanded, or implemented, including receiving input from LEP and deaf residents upon departure in the survey. Additionally ensuring all interpreters are qualified, receive professional training, are proficient in both English and target language, and are impartial/objective in interpretation or

translation-including ensuring interpreters do not allow residents to misunderstand a term-jargon/slang (Cultural relevance and responsiveness).

ACJCS/ACJD created a specific and detailed Detention Language Access Plan. The purpose of this plan is to ensure information about the Prison Rape Elimination Act, and victim services are accessible to any ACJCS Detention resident who is limited English Proficient (LEP). In addition, to ensure all policies and procedures associated with the language access plan are embedded in Detention practice.

This detailed plan maps out provisions that ensure residents who have limited or no English language proficiency, or are Deaf or hard of hearing, can access PREA information, programs, and services at a level equal to English-proficient and/or hearing individuals. This includes interpretation, translation, and sight translation (the process of reading a document in the source language and then translating it into the target language simultaneously).

ACJCS conducted a review of languages and found Spanish to be the secondary language, for residents coming through the detention center. In accordance, all written materials (risk assessment, residents rights form, PREA acknowledgment of Training-residents form, accessing medical care form, clinical services, and medical informed consent, resident handbook, PREA posters, resident education via PowerPoint) were edited to ensure the use of basic language (5th-6th grade reading level), translated into Spanish, and readily available in Booking, East Control and accessible to all teams. Spanish and English Posters in basic language, are posted throughout the facility.

Resident education is provided in Basic English PowerPoint and discussion, Spanish PowerPoint and verbal discussion--providing an interpreter for LEP residents, and audio learning and discussion for visually impaired residents. Multiple reporting methods were provided by ensuring LEP and deaf residents are educated on the process for reporting, and training staff to ensure they provide these residents specialized assistance. LEP and Deaf residents of their language access rights; booking, education course, resident handbook, posted signs. This education included how LEP or Deaf residents report sexual abuse/sexual harassment; making such a report in their first language; how victim services are provided; how an investigation will be conducted; and related information.

Victim Services: LEP or Deaf residents have access to SAFE/SANE Nurse, AAFV Warm Springs Counseling; and other victim services, as well as staff trained to notify the hospital in advance if a resident victim needs assistance in their communication.

PREA Investigations: Investigators are trained and use impartial and qualified interpreters for LEP residents and Deaf residents.

Mental Health and Medical Care: provided with interpreter support when needed.

Detention Staff Training: once a year about providing support to LEP residents. (Booking and point of contact responsibilities with LEP or Deaf resident; Staff tools and resources for providing ongoing language access (translated forms and handbooks); procedures for securing an in-person interpreter, procedures for facilitating remote, facilitate telephonic interpretation; posters; other signs; list of bilingual and ASL qualified staff and other resources; Techniques on conducting resident PREA training (briefing in booking, weekly PREA class) for LEP and Deaf residents.

Staff training was completed and put into practice--the curriculum and understanding statements are included in this audit's documentation.

ACJCS/ACJD exceeds compliance with PREA standard 115.316b in policy/procedure, practice, and ingraining these acts into facility culture.

115.316c: This standard, 115.316c, is compliant in paperwork, practice, and culture.

Agency PREA Standard: 115.316(c) The agency shall not rely 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.

The evidence demonstrates that:

PREA Policy 1-3, section 3b prohibits the use of resident interpreters, readers, or other resident assistants, except in limited circumstances where an extended delay could compromise the resident's safety, the performance of first responder duties, or investigation of a resident's allegations. This would be documented in the well-being log.

This ACJCS policy is compliant with the requirements of standard 115.316c.

On-Site Review/Observations/Interviews:

Interviews conducted at the on-site visit confirmed that staff understands and never uses a resident for an interpreter,

resident reader, or another resident assistant, except when safety and security could be compromised. There were no residents in the facility who were LEP; however, 100% of staff understood this requirement and stated that it is a policy and practice that is institutionalized in the ACJD facility. Staff was clear in interviews that they would document any such use of residents as interpreters, in an emergency, in the well-being log.

The PRE-Audit Questionnaire stated there have been zero times in the last 12 months where residents have been used as interpreters, readers, or other types of resident assistance. A review of the well-being log confirmed this.

ACJCS/ACJD is exceeds compliance with PREA Standard 115.316.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.317 - Hiring and promotion decisions Compliance Determination: Compliant</p> <p>Anacronyms used in this standard report:</p> <ul style="list-style-type: none"> • PC: ACJCS PREA Coordinator • ACJCS: Ada County Juvenile Court Services (parent agency) • ACJD: Ada County Juvenile Detention (audited facility) • DOJ: Department of Justice • POST: Peace Officer's Standards and Training • OAS: Online Audit System (DOJ) <p>Documentation Reviewed for Compliance:</p> <p>PREA policy 5-1, section 8; PREA Policy 15-5, section 1.; Staff Hiring and Promotion, Procedures Section; Pre-Audit Questionnaire; Two recent hire Promotion and hiring questions per PREA standard 115.317 forms; Employee file reviews; Contractor File Reviews: PREA Policy 5-1, section 8c; PREA Policy 5-5, section 1b; PREA policy 15 5.1, section c; Spreadsheet of staff/contractors/medical and part-time staff; All New Hires in the last 12 months required checks; Contractor Criminal Background Checks (NCIC); PREA Policy 15-5, section 1d; PREA Policy 5-1 section 8e; PREA Policy 15-5, section 1e; NCIC checks; Background Checks; Contractors: NCIC-Four; Child abuse registry checks: 3; Disclosure Questions: 2; Fingerprint 2; State Police 2; PREA Policy 15-5 section 1; PREA Policy 5-1, section 8f- Facility policy; PREA Policy 15-5, section 1g: (Agency Policy); PREA Policy 15-5, section 1h: Agency Policy; Personnel File Reviews;" Promotion and Hiring Questions per PREA Standard 115.317 Form, NCIC clearance forms for all random staff interviewed at the on-site visit;</p> <p>Interviews: HR Interview, PC Interview, Assistant Detention Manager.</p> <p>Site Review Observations:</p> <p>The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: observations and interviews of random staff, residents, the ACJCS PREA Coordinator (PC), ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p>115.317 A: Compliant</p> <p>Agency Standard Requirement: "The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who (1) 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); (2) 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; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section."</p> <p>The evidence demonstrates that:</p> <p>PREA policy 5-1, section 8 was edited, during corrective action, to read: "ACJS shall not contract with, hire, or promote anyone who may have contact with the residents who has: a) Engaged in sexual abuse in a prison, jail, lockup, confinement facility, or juvenile facility; b) Has been convicted of engaging or attempting to engage in sexual activity in the community; facilitated by force, implied threats of force, or coercion; c) Has been civilly or administratively adjudicated to have engaged in the activity described in 8b of this section"</p> <p>This ACJCS PREA Policy is compliant with the standard requirement 115.317a, after corrective action. This policy had the first two requirements, from the standard above; and during corrective action, this policy was changed to add the third requirement for staff and contractors.</p> <p>ACJCS PREA Policy 15-5, section 1: titled Staff Hiring and Promotion, procedures Section contains all three prohibitions listed in the PREA standard A1, and this policy is compliant with the requirements of standard 115.317 A1. This policy does have the required prohibitions required in this standard.</p> <p>During corrective action, all staff and contractors signed the disclosure forms with the three disclosure questions from this</p>

policy. Signed documents of all staff interviewed on the site visit and contractors are included in audit documentation as well as a spreadsheet, listing all staff, medical, and contractors, that documents the date of all records checks, child abuse checks, and disclosure statements.

ACJCS/ACJD is compliant with 115.317a.

Agency policy prohibits contracting, hiring, or promoting anyone who may have contact with residents with the identified behaviors, past, or actions listed in this standard; and ACJCS has provided documentation demonstrating compliance with this standard and their policy.

115.317 B – is compliant.

Standard Requirement 115.317 (b): The agency shall 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.

The evidence demonstrates that:

ACJCS has two PREA Policies that are compliant with the requirements of this standard. PREA Policy 5-1, section 8c: states, "ACJCS will consider any incidents of sexual harassment in determining whether to hire or promote anyone or enlist the services of any contractor that may have contact with the resident." and, PREA Policy 5-5, section 1b: "The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone or enlist the services of any contractor that may have contact with residents."

Interviews with HR, Detention supervisor, and Asst. Detention Supervisor confirmed that all staff working in the facility are Peace Officers Standards and Training (POST) Certified. Due to this, incidents of sexual harassment, on an applicant's record, disqualify them to be hired or promoted.

115.317 c: Compliant

Standard Requirements: "Before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; (2) Consults any child abuse registry maintained by the State or locality in which the employee would work; and (3) 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."

ACJCS PREA policy 15 5.1, section c: Before hiring new employees, who may have contact with residents, the agency shall: perform a criminal background records check; consult the child abuse registry maintained by the state or locality in which the employee would work; 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.

ACJCS PREA Policy is compliant with the requirements, regarding "employees"-in the policy.

Onsite Observation/File Reviews – Employee Records:

Employee file reviews showed consistent compliance with background checks and 5-year additional background checks documented in the files. Included in documentation were the next 5-year check dates for these background check due dates to ensure they were completed on time.

A Spreadsheet of staff/contractors/medical and part-time staff include all staff, hire date, initial background check, child abuse registry check before hire; 5-year criminal record and child abuse registry check date; next due date for all checks, and any promotion date and date background check completed dates. At the time of the site visit, all Child Abuse Registry checks had not been documented/completed and were not in all files.

Missing from files, of staff hired before 2012, were some child abuse registry checks.

On-site Interviews interviews:

In interviews, it was stated that HR has never received a request from another institution to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee. If they receive a request, they will conduct the reference check actions and let the institution know that information. To document this, a log entry or email that was printed to show the communication would be used.

In addition, interviewed staff stated that they may make calls asking prior institutional employers about substantiated allegations of sexual abuse or sexual harassment, of potential employees; however, had not made such calls at this point. If they made such calls, they would document the information received and share it as appropriate with the Detention Manager.

Corrective Action Completed:

ACJCS PREA Policy:

5-1, Section 8, e, f, and g, was edited to include the following: e) All new hires will be subject to a criminal background, fingerprint, and child abuse registry check before employment; f) ACJS shall conduct criminal background, fingerprint and child abuse registry check every five years of current employees and contractors; g) Material omissions regarding misconduct or providing false information about past misconduct in the hiring or promotion process shall be grounds for termination.

Child abuse Registry checks on employees hired before 2021 were completed and policy and practice changed to require these to be completed every 5 years on all employees. Audit documentation includes samples of completed checks, and a spreadsheet detailing all employees, contractors, and medical personnel-including dates these checks were completed and the next one is due.

Ada County Human Resources Institutional Employer Form was created and implemented: This form is sent to every prospective employee's prior institutional employer. It documents if there were any substantiated allegations of sexual abuse made against the referenced candidate, and/or if the candidate resigned during a pending investigation of an allegation of sexual abuse. This complies with ACJCS policy 15-5 1c. and ensures policy and practice are consistent with the requirements of this standard.

115.317 d, e: Compliant

PREA Standard Requirements

115.317 (d)" The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents".

115.317 (e) "The agency shall 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."

The evidence demonstrates that before corrective action:

PREA Policy 15-5, section 1d states that "The agency shall also perform a criminal background records check and consult applicable child abuse registries before enlisting the services of any contractor that may have contact with residents."

The ACJCS policy was not compliant with this standard. It needed to include child abuse registry checks every 5 years as part of the ongoing criminal background records check.

Spreadsheet of staff/contractors/medical and part-time staff: The spreadsheet was missing child abuse registry checks for contractors whose services were enlisted before 2012. Also, does not have child abuse registry checks for contractors enlisted in 2019 (from the school district.)

This spreadsheet does have background checks documented and 5-year background checks documented for contractors. It also lists the dates that the next 5-year background check is due for each contractor.

Background Checks in audit documentation/File review: Child abuse registry checks were only completed/documented on three of the 8 listed contractors. All 8 had background checks and 4 of the 8 had 5-year rechecks, as required. The other 4 had due dates for their 5-year checks in the future as their contractor services began in 2017 and 2019.

Interviews: HR

ACJCS staff ensures background checks are conducted on all contractors every 5 years. Child abuse registry checks have only been completed on those who were contracted after 2012. Five-

Corrective action completed:

Policy: ACJCS edited their PREA policy 15-5: adding Procedures, section 8f to include: "ACJS shall conduct criminal background, fingerprint and child abuse registry checks every five years of current employees and contractors".

Practice: ACJCS conducted child abuse registry checks on all contractors who may have contact with residents and instituted the practice of conducting these checks every 5 years.

Documentation: Included in audit documentation are completed checks for contractors, and a spreadsheet documenting when they received all records checks, including child abuse registry checks, and the date the next checks are due.

115.317 F, G: Compliant

Standard Requirements:

115.317 (f)" The agency shall also 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 and any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct."

115.317 (g)" Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination."

The evidence demonstrates that:

The ACJCS and ACJD policies are compliant with these standard requirements.

PREA Policy 15-5 section 1: "Agency will not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor, who may have contact with residents, who (a) The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who (1) 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); (2) 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; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section".

PREA Policy 5-1, section 8f: (Facility policy): Facility policy "material omissions regarding misconduct or providing false information about past misconduct in the hiring or promotion process shall be grounds for termination."

PREA Policy 15-5, section 1g: (Agency Policy): "material omissions regarding misconduct or providing false information about past misconduct in the hiring or promotion process shall be grounds for termination."

File Reviews-prior to corrective action:

Out of 16 staff files reviewed, only three had the three-question signed disclosure statement. None had any additional yearly disclosure statements signed, to show the continuing duty to reaffirm.

Interviews: Assistant Detention Manager, PREA Coordinator, HR

Interviews indicated that employees are asked about previous criminal records as part of the Ada County job application process; however, this is part of the background checks and not specific to the three questions that this standard requires.

Promotion and Hiring Questions Form:

This form includes the three required PREA disclosure statements required by this standard. The title indicates it is completed upon hiring and promotion, but not annually for a continuing affirmative duty to disclose any such misconduct.

Corrective Action Completed:

Policy: ACJCS edited their PREA Policy 5-1, adding Procedures section 8 a-d: "ACJS shall not contract with, hire, or promote anyone who may have contact with the residents who has: a) Engaged in sexual abuse in a prison, jail, lockup, confinement facility, or juvenile facility; b) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, implied threats of force, or coercion; c) Has been civilly or administratively adjudicated to have engaged in the activity described in 8b of this section; d) ACJS will 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 the residents."

Practice: ACJCS ensured all employees and contractors signed the PREA disclosure forms and placed them in their individual files.

Documentation: Included in this audit documentation are signed disclosure forms and a spreadsheet documenting when employees and contractors signed these forms affirming their continuing obligation to disclose any such actions.

ACJCS/ACJD is compliant with 115.317 g, after corrective action.

15.317 (h): Compliant

PREA Standard Requirement: "Unless prohibited by law, the agency 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".

The evidence demonstrates that:

ACJCS PREA policy 15-5.1h, section c is compliant with the requirements of this standard.

PREA Policy 15-5, section 1h: Agency Policy: "Unless prohibited by law, the agency 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."

Interviews:

The agency has not had to take such action yet. If a request were received, HR would complete a reference check and let the institution know if there were any substantiated allegations of sexual abuse or sexual harassment involving that former employee. This would be documented in a log entry or email that was printed to show the communications.

ACJCS is compliant with standard 115.317 in Policy/procedure, practice.

115.318	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Standard: 115.318 - Upgrades to facilities and technologies</p> <p>Compliance Determination: N/A</p> <p>Anacronyms used in this standard report:</p> <ul style="list-style-type: none"> • PC: ACJCS PREA Coordinator • ACJCS: Ada County Juvenile Court Services (parent agency) • ACJD: Ada County Juvenile Detention (audited facility) <p>Documentation Reviewed for Compliance: building plans, camera list, Idaho Department of Juvenile Corrections Inspection Report; Pre-Audit Questionnaire.</p> <p>Interviews: PC, Detention Director</p> <p>Site Review Observations:</p> <p>The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: observations and interviews of random staff, residents, the ACJCS PREA Coordinator (PC), ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p>In addition, cameras and some technology infrastructure are in the plan to be replaced, ACJCS is not currently or in the recent past installing or updating their monitoring system, electronic surveillance system, or other monitoring technology.</p> <p>The evidence demonstrates that:</p> <p>Pre-Audit Questionnaire: States that the agency or facility has not acquired a new facility or made substantial expansion or modification to existing facilities since Aug 20, 2020.</p> <p>Camera list: lists the following as work covered by this contract: upgrade of the existing access control, video cameras, and security management. Replace all existing card readers with new, all existing controllers to be replaced with new front-end software.</p> <p>Building Plans: These plans show all buildings, cameras, intercoms, and some security upgrades that have been approved, but COVID has delayed competition. There are no</p> <p>Idaho Department of Juvenile Corrections Inspection Report: Ada County has no violations from this report</p> <p>Standard 115.318 is N/A since it has not acquired a new facility or made a substantial expansion to its existing facilities since the last audit in 2017.</p> <p>In addition, they have not installed or updated their video monitoring system, electronic surveillance system, or other monitoring technology.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.321 - Evidence protocol and forensic medical examinations</p> <p>Compliance Determination: Compliant</p> <p>Anacronyms used in this standard report:</p> <ul style="list-style-type: none"> • PC: ACJCS PREA Coordinator • ACJCS: Ada County Juvenile Court Services (parent agency) • ACJD: Ada County Juvenile Detention (audited facility) • DOJ: Department of Justice • POST: Peace Officer's Standards and Training • OAS: Online Audit System (DOJ) • ACSO: Ada County Sherriff's Office • AAFV: Advocates Against Family Violence • WSCS: Warm Springs Counseling Services <p>Documentation Reviewed for Compliance: PREA Policy page 4, section 17; Pre-Audit Questionnaire; PREA Policy 5-1 section 17, page; Policy 5-1, section 18, page 6; PREA Policy 5-1, section 17r, page 6n; Renewal of Agreement between Warm Springs Counseling Center and Ada County Juvenile Court Services. 2020: Original agreement with Warm Springs; Original Agreement with AAFV; Certificate as Licensed Alcohol/Drug Counselor; PREA Policy, 5-1, section 17, page 6: Section Q; Bureau of Occupational Licenses-Licensed Professional Counselor; Draft MOU with ACSO; Draft Coordinated Response Plan to a PREA Incident; Draft AAFV- Ada County Juvenile Court Services Sexual Assault Protocol; Pre-Audit Questionnaire.</p> <p>DOJ Clarification: An administrative investigation must be conducted on every allegation. The "and" comes in when: if there is a criminal investigation – there has to be a criminal investigation "and" an administrative investigation. If there is no criminal investigation: there must be a criminal or administrative investigation.</p> <p>Interviews: AAFV interview; Warm Springs Interview; Mental Health staff; Medical staff; PREA Coordinator; Resident; PREA Administrative Investigators.</p> <p>Site Review Observations: The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: observations and interviews of random staff, residents, the ACJCS PREA Coordinator (PC), ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p>115.321 a, b, f:</p> <p>PREA Standard Requirements:</p> <p>15.321 (a): "To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions."</p> <p>115.321 (b) The protocol shall be developmentally appropriate for youth and as appropriate, shall be 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.</p> <p>115.321 (f) "To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section."</p> <p>To determine compliance, the following documentation was reviewed:</p> <p>PRE-Audit Questionnaire: states the agency/facility is not responsible for conducting administrative sexual abuse investigations. Resident-on-resident or staff sexual misconduct.</p> <p>Also, states the agency has requested that Ada County Sherriff's Office follow the requirements of 115.321 a-e of the PREA standards (F1)</p>

ACJCS PREA Policy Page 4, section 17, states that the detention manager contacts the Director of ACJCS, medical staff, detention counselor, and in case of staff misconduct, Human Services. Also, direct staff to call law enforcement. Law enforcement will conduct all sexual abuse allegations; Human resources will conduct investigations of staff misconduct; Detention Manager or assistant detention Manager will investigate any non-criminal acts of a resident against resident sexual harassment.

Draft MOU with Ada County Sherriff's Office: This MOU details the "Scope of Services" for Ada County Sherriff's Office. It includes investigative services for any allegation of staff sexual misconduct or youth-on-youth sexual abuse and/or sexual harassment which involves potentially criminal behavior. It requires ACSO to conduct sexual abuse, assault, and harassment investigations in accordance with the guidelines established by PREA, applicable Idaho sexual assault investigation protocols, and best practices. It also requires ACSO Investigations to be conducted pursuant to PREA Section 115.321.

Draft ACJCS Coordinated Response Plan for a PREA Incident: Resident-on-resident sexual harassment—non-criminal and will be investigated by the Assistant Detention Manager or the Detention Manager; Staff-on-resident Sexual Harassment: non-criminal and referred to Human Resources for investigation; Staff-on-resident, Resident on Staff, or Resident-on-resident Sexual abuse: criminal in nature and will be investigated by the ACSO. Human Resources will be involved if the allegation is against a Staff Member, and they will also conduct an administrative investigation.

Draft AAFV- Ada County Juvenile Court Services Sexual Assault Protocol: requires a SAFE/SANE to conduct the forensic exam, law enforcement to conduct the investigation, transport of victim to St. Alphonsus Hospital; Child Welfare contacted, Activate Victim Advocate from AAFV for an immediate response, refer to Warm Springs Counseling for ongoing mental health services, and continues advocacy for the victim through the investigation and any civil/criminal trials or appeals.

DOJ Clarification: an administrative investigation must be conducted on every allegation. The "Or" comes in when: if there is a criminal investigation- there has to be a criminal investigation "and" an administrative investigation; if there is no criminal investigation: there must be a criminal or administrative investigation.

To determine compliance, the following people were interviewed, and the following interview findings were considered:

Random Sample of Staff, PC, Assistant Detention Manager, Administrative Investigator:

Staff consistently were able to walk through the steps taken when an allegation of sexual abuse or sexual harassment is received. The first responder's duties were clearly outlined, reporting the allegation to a supervisor, reporting any allegation of sexual abuse to law enforcement immediately (ACSO), and if the allegation is staff-resident—notifying HR and Child Welfare. If the allegation is resident-to-resident sexual harassment-notifying the Assistant Detention Manager or the Detention Manager for an Administrative investigation. 100% of staff said they would secure the scene so law enforcement could collect any physical evidence and protect such evidence. 100% of staff said that Ada County Sherriff's Office (ACSO) conducts sexual abuse investigations for ACJD.

Administrative Investigators: Both written and site interviews confirmed that ACSO conducts investigations of sexual abuse for Ada County Juvenile Detention (ACJD). Also confirmed that two of the administrative investigators investigate non-criminal resident-to-resident sexual harassment investigations. The other administrative investigator, stationed at Human Resources, conducts administrative investigations of staff-to-resident sexual harassment and assists ACSO when they conduct sexual abuse investigations that involve staff. (This investigator has a background as an FBI investigator and has received the additional specialized training the standards require). The only missing part is to clarify that an administrative investigation will be conducted for ALL allegations of sexual abuse or sexual harassment. The sexual abuse administrative investigation is to be conducted when ACSO completes their investigation-to a finding, or if ACSO declines investigation or does not complete the investigation to a finding.

Ada County Agency PREA Coordinator: Confirmed that ACSO conducts investigations of allegations of sexual abuse. Also reiterated that a draft MOU, with the ACSO, is being developed to clarify agency and DCSO responsibilities and follow the requirements of this standard when conducting their investigations. Also, confirmed that ACJCS sent an email in 2017 to request ACSO follow this standard 115.321 a-f when conducting investigations.

The Assistant Detention Manager confirmed that ACSO conducts investigations of allegations of sexual abuse for ACJD. Also, confirmed that there are three Administrative Investigators that conduct non-criminal sexual harassment investigations.

The following describes how the evidence above was used to determine compliance:

After Corrective action, ACJCS PREA policy 5-2 Investigations is compliant with the requirements of this standard. It clearly states that Ada County Sherriff's Office (ACSO) is the agency designated for investigating criminal sexual abuse allegations for ACJCS. It further instructs immediate contact with law enforcement. Clarification language for PREA Administrative Investigations was added.

After Corrective action, The Draft MOU with ACSO was finalized, with the requirements of following the PREA standard requirements-using a standard/uniform evidence protocol for all criminal sexual abuse investigations. This MOU was signed

and implemented by ACJCS and ACSO to be compliant with this standard. Prior to 2017, there was a letter sent to ACSO asking them to follow the requirements of this standard, a-f, when conducting criminal sexual abuse investigations for incidents alleged to have occurred at ACJD.

Staff received training on this during their annual PREA training and signed statements of understanding-included in this audit documentation.

During Corrective Action, The Draft ACJCS Coordinated Response Plan was finalized, implemented, and enhanced practice. This plan includes investigative services for any allegation of staff sexual misconduct or youth-on-youth sexual abuse and/or sexual harassment which involves potentially criminal behavior. It requires ACSO to conduct sexual abuse, assault, and harassment investigations in accordance with the guidelines established by PREA, applicable Idaho sexual assault investigation protocols, and best practices. It also requires ACSO Investigations to be conducted pursuant to PREA Section 115.321.

This plan was already in practice in both the facility and at AAFV, however, ACJCS exceeded this requirement by providing updates during their annual training.

Interviews: Staff consistently demonstrated their ability to walk through the steps taken when an allegation of sexual abuse or sexual harassment is received. The first responder's duties were clearly outlined, reporting the allegation to a supervisor, reporting any allegation of sexual abuse to law enforcement immediately (ACSO), and if the allegation is staff-on-resident, also notifying Human Services and Child Welfare. If the allegation is resident-on-resident sexual harassment, notify the Assistant Detention Manager or the Detention Manager for an Administrative investigation. 100% of staff said they would secure the scene so law enforcement could collect any physical evidence and protect physical evidence by not permitting the alleged victim and alleged Perpetrator to shower, toilet, eat, brush teeth, and change clothing. Interviews with AAFV staff confirm this protocol is in place and is followed if there is an allegation of sexual abuse at ACJD

The completion of the corrective action, required on this standard and documented above, results in compliance for 115.321a, b, and f, for ACJCS.

115.321 c, d, e: g, h

PREA Standard Requirements

- 115.321 (c) *"The agency shall offer all residents who experienced sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFE/SANE".*
- 115.321 (d) *"The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services."*
- 115.321 (e) *"As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals."*
- 115.321 (g) *The requirements of paragraphs (a) through (f) of this section shall also apply to (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.*
- 115.321 (h) *For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.*

To determine compliance, the following documentation was reviewed:

- C1, 3: PREA Policy 5-1 section 17, page 6: states that victims are transported to St Alphonsus Hospital for a Sexual Assault Forensic Exam by a SAFE
- C2: Pre-Audit Questionnaire: No forensic exams were provided on-site.
- C3: PREA Policy 5-1 section 17, page 6: states that victims are transported to St Alphonsus Hospital for a Sexual

Assault Forensic Exam by a SAFE

- C4: PREA Policy 5-1, section 17r, page 6: states that “follow-up” medical treatment for victims will be provided as needed consistent with the community level of care at no cost to the victim.
- Section 18, page 6, F: treatment services provided to the victim without financial cost.
- C5: PREA Policy 5-1, section 17, page 6n: The policy states: that victims are transported to St Alphonsus Hospital for a Sexual Assault Forensic Exam (SAFE).
- C6: SAFE and SANES are always made available at St Alphonsus Hospital
- C7: Pre-Audit Questionnaire: states that the facility documents efforts to provide SAFE’s or SANE’s.
- C8-10: PRE-Audit Questionnaire:
- D: PREA Policy, 5-1, section 17, page 6: states--In addition, that the AAFV will be contacted (459-4779) and an advocate will respond to the hospital for the victim throughout the process.
- PREA Policy, 5-1, section 17, page 6: Section Q: states Counseling will be provided for all victims of prohibited sexual behavior either by the detention counselor or through Warm Springs Counseling Center.
- E1: PREA Policy, 5-1, section 17, page 6: states--In addition, that the AAFV will be contacted (459-4779) and an advocate will respond to the hospital for the victim throughout the process.
- G: N/A no DOJ or state entity is responsible for investigating allegations of sexual abuse
- H: PREA Policy, 5-1, section 17, page 6: states--In addition, that the AAFV will be contacted (459-4779) and an advocate will respond to the hospital for the victim throughout the process.
- The MOU between Ada County Commissioners and ACSO: Grants ACSO authority to investigate criminal activity and violation of PREA. ACSO has investigators trained in PREA protocols and subject matter experts in responding to a PREA incident; ACJCS desires ACSO provide the investigation services that are essential ACJCS complies with PREA. Scope of Services: provide investigative services for any allegation of staff sexual misconduct or youth-on-youth sexual abuse and/or sexual harassment which involves potentially criminal behavior; ACJCS staff will cooperate with AACSO investigators; ACSO provides its investigation report to the ACJCS Director regarding findings; ACSO submits its substantiated investigation to the Ada County Prosecuting Attorney’s Office for possible prosecution; ACSO shall follow its internal protocol, policies, and procedures for the investigation; ACSO’s investigators have the knowledge, experience, and training on PREA sexual abuse investigations involving juvenile victims, and related matters, required to perform the investigative services under this MOU; Sexual abuse, assault, and harassment investigations will be conducted in accordance with the guidelines established by PREA, applicable Idaho sexual assault investigation protocols, and best practices; and ACSO investigations will be conducted pursuant to PREA section 115.321 Evidence Protocol and Forensic Medical Examinations. A letter was sent to ACSO in 2017 requesting that they follow the standard requirements of this standard (115.321. This MOU is a more formal agreement that is in process.
- AAFV agreement: Agree to follow the provisions of PREA; use the AAFV/ACJCS Sexual Assault Protocol. ACJCS provides information to AAFV about their sexual abuse and sexual harassment prevention, detection, and response policies and procedures, and the extent said policies and procedures require additional action by the AAFV. AAFV will complete the county’s background checks and complete training on AAFV’s responsibilities under the county’s policies and procedures listed above. Periodic monitoring will be done by ACJCS to ensure PREA compliance. AAFV agrees to receive, process, and act on all calls from the ACJCS detainee or ACJCS staff, using a 24-hour hotline. AAFV immediately notifies Child Welfare and if the call is from a detainee, the ACJCS Detention Manager, thereby complying with the mandatory reporting provisions of Idaho Code 16-1605.
- AAFV/ACJCS Sexual Assault Protocol: Law enforcement calls St Alphonsus Hospital and asks for Charge Nurse. Charge Nurse requested to provide a SAFE nurse for a forensic examination. (Response time 30 minutes or less). Provide advocate immediately, after ACJCS calls the AAFV hotline (30 minutes or less—no more than 60 minutes on weekends and off duty hours). The advocate accompanies the victim to exam and interview and meets privately afterward to discuss options for additional counseling resources. With parental consent and in conjunction with ACJCS, the victim is referred to Warm Springs Counseling for ongoing mental health services. The PREA report is prepared by ACJCS, in conjunction with AAFV and law enforcement. Advocate continues advocacy for the victim through the investigation and any civil/criminal trials or appeals.
- Warm Springs MOA: will provide services to juveniles who have experienced sexual abuse. ACJDC trains Warm Springs employees on PREA and Warm Springs agrees to follow those requirements with services provided. This includes background checks and reporting protocols. ACJCS periodically monitors Warm Springs to ensure PREA compliance. Follows Attachment A, to the agreement, on the protocol for counseling for sexual abuse victims.
- Warm Springs Counseling Center (WSCS) and ACJCS Protocol on Counseling for Sexual Abuse Victims: states that the victim is treated at St. Alphonsus Hospital and then refers the victim to WSCS for ongoing mental health support services. Counseling support includes initial evaluation, and, as appropriate, mental health treatment, consistent with the community level of care. As appropriate, follow-up services and treatment plans are provided. ACJCS provides for off-site transport by ACSO, to St Alphonsus Hospital and provides a secure counseling location at ACJCS Detention. Additional counseling for continued care is provided to the victim, following placement in other facilities, or release from the custody of ACJCS detention.
- Renewal of Agreement between Warm Springs Counseling Center and Ada County Juvenile Court Services. 2020: Provide counseling services and ongoing support to juvenile victims of sexual abuse.

- PC Duties Document: outlines all PREA duties for the agency PC.
- SSV 2019 report to DOJ-for 2018: Zero youth-on-youth nonconsensual sexual acts; 1 unsubstantiated youth-on-youth abusive sexual contact reported; Two youth-on-youth sexual harassment reported and both unsubstantiated; zero staff sexual misconduct allegations; Zero staff sexual harassment reported.
- 2018 SSV report-for 2017: 1 nonconsensual sexual act, youth-on-youth, unfounded; 1 staff sexual misconduct-unfounded.
- 2017 SSV-for 2016: Zero allegations received.
- 2016 SSV report-for 2015: No youth-on-youth reports received; 1 staff sexual misconduct-unsubstantiated.

To determine compliance, the following people were interviewed, and the following interview findings were considered:

- Medical practitioner: Interviews confirm that all residents who experience sexual abuse, will be taken to St Alphonsus Hospital where a SAFE/SANE will conduct the forensic exam. Forensic exams are not offered onsite at ACJD.
- SANE staff at St. Alphonsus Hospital: SANE nurse conducts forensic interviews for ACJD. They have never had to perform a forensic exam; however, would provide a SANE nurse in all cases.
- AAFV staff (advocate agency): provides advocate to assist sexual abuse victim during the forensic exam and ongoing throughout all processes, including follow-up services for court/civil process and appeals. ACJCS calls their hotline to activate the protocol ACJCS/AAFV has as a part of their agreement. An advocate is provided immediately, and never more than 60 minutes or sooner.
- PC: With the PREA Compliance Team, Develops the Coordinated response plan and sexual response protocols, facilitates the PREA Compliance Team, reviews responses to allegations and reviews all documentation; conducts and completes incident reviews; oversees all aspects of the coordinated response to any allegation of sexual assault or sexual harassment; conducts unannounced rounds at least once per month; coordinates and collaborates with all keep PREA stakeholders; reviews training on PREA; Assists in developing and supporting PREA related training;
- Warm Springs Counseling Service: a sexual abuse victim, from ACJCS Detention, after being seen at the hospital for a forensic exam, is referred for follow-up counseling.

The following describes how the evidence above was used to determine compliance:

Paperwork compliance:

The ACJCS policy, PREA Policy 5-1 section 17, clearly states that sexual abuse victims are transported to St. Alphonsus hospital for a sexual assault forensic Exam by a SAFE/SANE.

PREA Policy 5-1, section 17r states that Follow-up medical treatment for victims will be provided as needed consistent with community-level care at no cost to the victim.

PREA Policy, 5-1, section 17, page 6: requires AAFV to be contacted to obtain the services of an advocate, and PREA Policy, 5-1, section 17, page 6: Section Q requires counseling be provided for all victims of prohibited sexual behavior.

The Pre-Audit Questionnaire states that no forensic exams are provided on-site (ACJCS/ACJD) and that the facility documents efforts to provide SAFE/SANE's, and that the facility attempts to make a victim advocate, from a rape crisis center, available to the victim and documents their efforts.

The AAFV/ACJCS Sexual Assault Protocol states that Law enforcement calls St Alphonsus Hospital and asks for the Charge Nurse. The Charge Nurse is requested, by law enforcement, to provide a SAFE/SANE to conduct a forensic examination. (Response time 30 minutes or less).

The SSV reports, to the Bureau of Justice, document zero substantiated incidents of sexual abuse, at ACJCS Detention, since 2016.

The above policies and paperwork reviewed are compliant with this standards paperwork requirements.

Paperwork, including policies, procedures, and documentation, require and document that the forensic exam must be offered to every resident who experiences sexual abuse, requires law enforcement to make the call to St Alphonsus hospital to request a SAFE/SANE perform the exam, the SSV reports confirm that there have been zero incidents, since 2016, where a resident of ACJCS Detention was sexually abused and needed to have a forensic exam. This paperwork further documents that this forensic exam is provided at no cost to the victim and commiserate with community care. In addition, requires an advocate be provided, from AAFV, provide counseling services and ongoing support to juvenile victims, and provide an advocate from a community crisis center (AAFV).

Practice compliance, and integration into facility practice and culture:

Although there have been zero sexual abuse incidents where a forensic exam has been needed, for ACJCS Detention, interviews confirm knowledge of action needed and required under this standard.

The SANE/SAFE nurse, at St Alphonsus Hospital, confirmed that a qualified SAFE/SANE professional would be requested by law enforcement, and one would be provided within 30 minutes or less and at the outside 60 minutes. In all cases, this service by a trained professional would be provided to any resident of ACJCS Detention that experiences sexual abuse.

ACJCS Medical staff confirmed that the above actions would be documented in medical files at the facility, as well as by law enforcement and St Alphonsus hospital. In addition, interviews with AAFV staff confirm that they would provide an advocate, within 30 minutes or less and no more than 60 minutes on weekends and off-hours, to be with the victim during the forensic exam and in all following civil or criminal litigation and appeals.

Interviews with Warm Springs Counseling Service confirm that they would provide ongoing follow-up counseling for victims of sexual abuse from ACJCS Detention. This includes an initial assessment and, if appropriate, treatment plans and counseling. Often this counseling is conducted at a location provided by ACJCS Detention, in a secure setting. They also confirmed that these services are provided at no cost to the victim and the community level of care or higher.

Interviews with AAFV confirm they would provide an advocate, generally within 30 minutes, to the victim of sexual abuse from ACJCS Detention and includes advocate services during the forensic exam and through civil/court litigation and any appeals. (115.321h)

ACJCS provides training to Warm Springs Counseling Services (WSCS) and AAFV on PREA. In the MOU, between ACJCS and WSCS, WSCS agrees to abide by the PREA standards, as well as periodic monitoring by ACJCS for PREA compliance.

The ACJCS PREA Coordinator confirmed that he reviews responses to allegations and reviews all documentation and oversees the coordinated response to any allegations of sexual abuse to ensure that policy, protocol, and practice are followed and reviews those actions in the incident review team and the PREA Compliance Team. Also, monitors and reviews AAFV and WSCS for compliance with PREA.

The training, interviews, and review of practice or practice requirements confirm that ACJCS/Detention is compliant with sections c, d, e, and h of this PREA standard (115.321) in policy/paperwork, Practice, and integration into facility culture

ACJCS/ACJD is compliant, after corrective action, with PREA standard 115.321

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 994 297">115.322 - Policies to Ensure Referrals of Allegations for Investigations</p> <p data-bbox="240 329 895 356">Compliance Determination: Compliant after corrective action</p> <p data-bbox="240 387 655 414">Anacronyms used in this standard report:</p> <ul data-bbox="280 468 852 692" style="list-style-type: none"> • AAFV: Advocates Against Family Violence • ACJCS: Ada County Juvenile Court Services • ACJD: Ada County Juvenile Detention (audited facility) • ACSO: Ada County Sherriff's Office • MOU: Memorandum of Understanding • OAS: Online Audit System (DOJ) • PC: ACJCS PREA Coordinator <p data-bbox="240 723 515 750">115.321a, b, c: Compliant</p> <p data-bbox="240 781 557 808">PREA Standard Requirements:</p> <ul data-bbox="280 862 1490 1122" style="list-style-type: none"> • 115.322 (a) The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. • 115.322 (b) The agency shall have in place a policy to ensure that allegations of sexual abuse and/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. The agency shall publish such policy on its website, or if it does not have one, make the policy available through other means. The agency shall document all such referrals. • 115.322 c: If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. <p data-bbox="240 1153 697 1180">Documentation Reviewed for Compliance:</p> <p data-bbox="240 1211 1485 1471">PREA Policy 5-1, page 4, section 17 f, g, h, I, Pre-Audit Questionnaire; PREA Juvenile Interview Form; Email sent to report an allegation; Ada County PREA Administrative Investigation Report form; Actual Reports of allegations; Actual Investigation reports: Picture from video; Residents (alleged victim, alleged perpetrator, witnesses) statements on the "statement form;" Face sheet for the juvenile alleged victim, for administrative investigation; and alleged perpetrator; Policy 5-1 Investigation edited during corrective action; MOU with ACSO, implemented during corrective action; ACJCS/ACJD Coordinated Response Plan implemented during corrective action; Notification of investigation finding; All four investigation referrals are documented in emails and incident reports; https://adacounty.id.gov/juvenilecourt/wp-content/uploads/sites/43/PREA-Investigations-Policy.pdf</p> <p data-bbox="240 1503 959 1529">Interviews: PREA Investigator; Agency Director; PC, management, staff</p> <p data-bbox="240 1561 1469 1686">Site Review Observations: The on-site reviews, conducted in two on-site visits due to Covid-19, included: observations and interviews of random staff, residents, the ACJCS PREA Coordinator (PC), ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p data-bbox="240 1718 1434 1780">PRE-Audit Questionnaire: States the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p data-bbox="240 1812 1449 1901">Pre-Audit Questionnaire: states that there have been four allegations of sexual abuse or sexual harassment that were received; four had an administrative investigation; 0 criminal investigations; and that all allegations received in the last 12 months had completed investigations. All reports are included in audit documentation. A further review in 115.371.</p> <p data-bbox="240 1933 1449 2022">Email sent to report an allegation: Information contained in the report includes date; subject-PREA Incident; residents involved, name, age, and identification number; a narrative of the report with a timeline. From staff to Assistant Detention Manager/PREA administrative investigator.</p> <p data-bbox="240 2054 1169 2080">Email sent to PREA investigator on incident contains notification of the above email received.</p> <p data-bbox="240 2112 1163 2139">Ada County PREA Administrative Investigation Reports (4): have all the required categories:</p>

- a) administrative investigation juvenile interview form documents the juvenile interviews as a part of how the administrative investigation is conducted. Further review 115.371
- b) Actual reports of allegations
- c) Completed Investigation reports
- d) Picture from video
- e) Residents (alleged victim, alleged perpetrator, witnesses) statements on the statement form
- f) Face sheet for the juvenile alleged victim - for administrative investigation; and alleged perpetrator
- g) Notification of investigation finding
- h) Credibility statement

PREA Policy 5-1, page 4, section 17 f, g, h, i: Law enforcement conducts all investigations of sexual abuse (g); Human Resources investigates non-criminal acts of a resident against resident sexual harassment (i); Detention Manager or Assistant Detention Manager will investigate any non-criminal acts of a resident against resident sexual harassment.

During corrective action, the following policy edits and clarifications were completed and implemented:

ACJCS Policy 5-1, section 17 f, g, h, and I, was edited and implemented, stating:

- f) All allegations of sexual abuse or harassment will be investigated
- i) The Detention Manager or designee will direct staff to call law enforcement and HR to determine who will handle the investigation
- ii) Law enforcement will conduct all investigations that are deemed to be criminal
- iii) Human resources will conduct administrative investigations
- iv) If ACSO determines the case is not criminal and no staff were involved, a trained investigator from ACJS may conduct the investigation
- v) After the investigation, a report will be written documenting the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings
- vi) The report shall include an effort to determine whether staff actions or failures to act contributed to the abuse
- vii) Written reports will be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years

ACJCS Policy, 5-2 Investigations, was created to address the conduct of PREA investigations for both. criminal and administrative investigations.

Policy: "All allegations of sexual assault, sexual abuse, and sexual harassment including third-party and anonymous reports will be investigated promptly, thoroughly, and objectively in compliance with the Prison Rape Elimination Act. Trained investigators will collect information to examine the seriousness of a complaint and to determine based on the preponderance of the evidence whether there has been a violation of law, policy, procedure, rule, or standard of conduct.

Purpose: To guide investigations relating to the Prison Rape Elimination Act (PREA) Procedures: Include detailed actions on who conducts investigations, both criminal and administrative, putting allegations in writing, interviews, reports and required contents, notifications, timeline, documentation, and confidentiality."

The ACJCS Investigation policy and procedures were developed, implemented, and posted to the following Website link:

<https://adacounty.id.gov/juvenilecourt/wp-content/uploads/sites/43/PRE>

A-Summary.pdf

The ACJCS Response Plan was edited, signed, and implemented, stating:

Page 1: "The Ada County Sheriff's Office (ACSO) is the primary investigator for PREA incidents per the Memorandum of Understanding (MOU) signed May 18th, 2021. If a PREA incident is reported ACSO will be notified and will send an investigator to Juvenile Detention. ACSO will handle all criminal investigations and provide a written report of the investigation to the director of ACJS.

Human Resources (HR) will conduct administrative investigations on alleged misconduct by Detention staff. Human Resources in conjunction with the Director of ACJS and the Detention Manager will determine if the staff member will be placed on administrative leave with or without pay during the investigation.

If ACSO determines that the PREA incident is non-criminal and a staff member is not involved, then after consulting with HR a trained investigator from ACJS will conduct the investigation. The investigation will look at the allegations and determine what discipline is warranted based on the behavior and the rule violations in the resident handbook. The investigation will also look at staff practices to determine methods to prevent such incidents from happening in the future."

Training:

ACJCS conducted the yearly PREA training for all staff. This training included updates and changes that occurred during the audit process, including investigations, responses, and policy changes from this standard. All staff signed statements of understanding. The curriculum and statements are a part of this standards audit documentation.

ACJCS Website: Juvenile Detention Center - Juvenile Court Ada County (id.gov) The investigation policy is posted on the website at the link provided above, as required by this standard.

After Corrective Action: ACJCS is determined compliant with 115.322 a, b, and c.

After a review of all four administrative investigations paperwork, this auditor determined that all four allegations were not criminal and that administrative investigations were completed, as required by this PREA standard. All documentation was included in the reviewed administrative investigations and is part of this audit documentation.

An MOU is in place, between ACJCS and Ada County Sherriff's Office, that covers the responsibility of each agency.

ACJCS PREA Policy 5.1 was edited to clarify that all sexual abuse and sexual harassmt allegations will be investigated and complies with this standard's requirements. And is posted at [https://adacounty.id.gov/juvenilecourt/wp-](https://adacounty.id.gov/juvenilecourt/wp-content/uploads/sites/43/PRE)

A-Investigations-Policy.pdf

PREA Policy 5-2 Investigations, was created to clarify the investigation responsibilities. The ACJCS Investigation policy 5-2, after corrective action, states that all allegations of sexual abuse and sexual harassmt will be investigated (115.322a). The policy includes the requirements that law enforcement investigates all allegations that may be criminal (if in doubt contact ACSO), and human resources will conduct administrative investigations using a trained investigator.

The ACJCS Response Plan was finalized and implemented to ensure practice follows policy and PREA requirements.

Staff was updated and trained on the policy clarifications and the ACJD facility response plan in their annual PREA training.

ACJCS published the finalized investigation policy on their website.

Interviews confirmed that ACJCS refers all allegations of sexual abuse and criminal sexual harassmt to the Ada County Sherriff's Office. Allegations that are not criminal are referred to HR for an administrative investigation. These referrals are documented.

115.322 d, e: Compliant

ACJCS/ACJD is compliant with standard 115.322, after corrective action.

115.331	Employee training
Auditor Overall Determination: Exceeds Standard	
Auditor Discussion	
<p>115.331 - Employee training Compliance Determination: Exceeds Compliance</p> <p>Anacronyms used in this standard report:</p> <ul style="list-style-type: none"> • PC: ACJCS PREA Coordinator • ACJCS: Ada County Juvenile Court Services • ACJD: Ada County Juvenile Detention (audited facility) • OAS: Online Audit System (DOJ) • ACSO: Ada County Sherriff's Office • AAFV: Advocates Against Family Violence • WSCS: Warm Springs Counseling Services • MOU: Memorandum of Understanding <p>Documentation Reviewed for Compliance:</p> <p>PREA Policy5-1, section 11a; Ada County training slides, page 5; PREA Acknowledgement of training and understanding; PREA Policy5-1, section 11b; Ada County training slides; PREA Policy5-1, section 11c; PREA Policy5-1, section 11d; PREA Policy5-1, section 11e; Ada County training slides, page 10-12; PREA Policy5-1, section 11f; PREA Policy5-1, section 11g; Ada County training slides, page 12-13; PREA Policy5-1, section 11i-j; Ada County training slides, page 14-16; Ada County training slides, page 2-4; PREA Policy5-1, section 11k; Ada County training slides, page 6; Idaho Code; page 11; PREA Policy5-1, section 11; PREA Policy5-1; Ada County training slides, page 17-18; pg. 2-4 & 6-7; Pg. 5; pg. 10; pg. 13; PREA Policy 5-1, section 11; yearly provides refresher training and training records with statements of understanding; staff training logs.</p> <p>Interviews: Random staff</p> <p>Site Review Observations: The onsite reviews – conducted in two onsite visits due to COVID-19 issues – included: observations and interviews of random staff, residents, the ACJCS PREA Coordinator (PC), ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p>115.331a</p> <p>Standard Requirements: 115.331 (a) The agency shall train all employees who may have contact with residents on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents right to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities; (6) The common reactions of juvenile victims of sexual abuse and sexual harassment; (7) 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; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; (11) Relevant laws regarding the applicable age of consent.</p> <p>To determine compliance, the following documentation was reviewed:</p> <p>A1:</p> <p>PREA Policy5-1, section 11a: Requires all detention staff to have at least 1 hour of PREA training a year. This includes zero tolerance for sexual abuse and harassment.</p> <p>The ACJCS Policy is compliant with this part of the standard requiring employees to have training in the agency's zero-tolerance policy.</p> <p>Ada County training slides, page 5: explains the agency zero-tolerance policy and includes zero tolerance for any sexual activity, threats to engage in non-consensual sexual acridity or solicitation to engage in sexual activity between juvenile and juvenile, staff and juveniles, volunteers or contract personnel, and juveniles, whether consensual or non-consensual. Any</p>	

involved in this type of behavior will be subject to administrative and criminal sanctions. (Ida Code: 18-6110, 18-1501, 18-1506, 18-1506A, 18-1508, 18-1508A, and 18-1601.)

The training slides are compliant with ensuring employees are trained on the zero-tolerance policy.

Employee Training Logs: included in secure audit documentation. These logs are for all random staff interviewed on-site. They confirm training staff has received, including date and hours of training. These logs go back to the time of hire and show yearly PREA refresher as well as all other training.

The employee signed acknowledgments and understanding are compliant with employees understanding the training they received on zero tolerance.

Random staff interviews: Interviews confirm reading, discussing, and understanding the zero-tolerance policy.

A2:

PREA Policy5-1, section 11b: policy requires all staff, including medical: to be trained on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies, and procedures.

This policy complies with the requirement that the agency requires employees to be trained on how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.

Ada County training slides: Inmates right to be free from sexual abuse and sexual harassment, right of inmates and employees to be free from retaliation for reporting sexual abuse, relevant laws regarding the applicable age of consent, dynamics of sexual abuse, common reactions of sexual abuse victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to communicate effectively and professionally, including lesbian, gay, bisexual, transgender or intersex inmates; relevant mandatory reporting of sexual abuse; how to fulfill responsibilities under agency sexual abuse prevention, detection, reporting and response policies, and procedures.

Training slides are compliant with the requirements of this part of the standard requiring the agency to train all employees on their responsibilities under PREA.

Employee signed acknowledgments and understanding are compliant with employees' understanding.

A3:

PREA Policy5-1, section 11c: policy requires all staff, including medical to be trained on the resident's rights to be free from sexual abuse and sexual harassment.

This policy is compliant with requiring staff to be trained on the resident's rights.

Ada County training slides, page 5 of slides: residents rights: to be free from sexual abuse, rape, sexual assaults, violent acts, or sexual harassment while in detention; have the responsibility to report directly to staff or through the grievance procedure, and sexual abuse, rape, sexual assaults, violent acts, or sexual harassment that occur while in detention.

The Training curriculum is compliant with the requirement of this part of the standard to train employees on residents' rights.

Employee signed acknowledgments and understanding are compliant with employees' understanding.

A4:

PREA Policy5-1, section 11d: policy requires all staff, including medical to be trained on residents' right to be free from retaliation for reporting sexual abuse and sexual harassment.

The policy is compliant with this part of the standard requiring the agency to train employees on the right of residents to be free from retaliation.

Ada County training slides, page 6: retaliation against juveniles or staff who report is strictly prohibited.

Training slides are compliant for this part of the standard—training staff about the resident's right to be free from retaliation.

Employee signed acknowledgments and understanding are compliant with employees' understanding.

A5:

PREA Policy5-1, section 11e: policy requires all staff, including medical to be trained on dynamics of sexual abuse and sexual harassment in juvenile facilities.

This policy is compliant with the agency requiring all staff to be trained on the dynamics of sexual abuse.

Ada County training slides, page 10-12: physical signs of sexual abuse; psychological signs of sexual abuse; statistics on victims of sexual abuse; red flag indicators; signs of sexual abuse

Training slides are compliant with training provided to employees on the dynamics of sexual abuse.

Employee signed acknowledgments and understanding are compliant with employees' understanding.

A6:

PREA Policy5-1, section 11f: policy requires all staff, including medical to be trained on common reactions of juvenile victims of sexual abuse and sexual harassment.

The policy is compliant.

Ada County training slides, page 10-12: physical signs of sexual abuse; psychological signs of sexual abuse; statistics on victims of sexual abuse; red flag indicators; signs of sexual abuse

Training slides are compliant with this standard's requirement to train employees on common reactions of juvenile victims.

Employee signed acknowledgments and understanding are compliant with employees' understanding.

A7:

PREA Policy5-1, section 11g: policy requires all staff, including medical to be trained on how to detect and respond to signs of threatened and actual sexual abuse.

The policy is compliant.

Ada County training slides, page 12-13: signs of staff on resident sexual abuse; signs of staff on resident abuse; juvenile abusers.

Training slides are compliant in training staff 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.

Employee signed acknowledgments and understanding are compliant with employees' understanding.

A8, 9:

PREA Policy5-1, section 11i-j: policy requires all staff, including medical to be trained on how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming residents.

The policy is compliant.

Ada County training slides, page 14-16: How to avoid inappropriate relationships: Professional boundaries - not knowing about personal life; be fair, firm, and consistent; keep eyes and ears open; ok to be empathetic but do not trust a resident or get complacent; if you have questions about what you should be doing – ask; live and die by our decisions – make sure we are behaving ethically, legally, and within Policy & Procedure at all times; when we go out of bounds it increases risk and liability; ensure we as the staff is behaving correctly and keeping each other safe; if you see someone acting inappropriately it's ok to say something to them away from juveniles; you must report inappropriate behavior to your supervisor – no code of silence; sexualized environments; dangers of the sexualized environment.

Ada County training slides, page 2-4 (331c.pdf): How to communicate effectively and professionally with residents including LBGTI, Ada County training slides.

Training done is compliant with the requirement that the agency train staff on how to communicate effectively and professionally with residents, including LGBTQI and gender non-conforming residents.

Training is compliant with the requirement to train staff, including medical staff on how to avoid inappropriate relationships.

Employee signed acknowledgments and understanding are compliant with employees' understanding.

A10:

PREA Policy5-1, section 11k: policy requires all staff, including medical to be trained on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The policy is compliant.

Ada County training slides, page 6: Idaho Code; page 11: Legal consideration and mandatory reporting laws: report within 24 hours to the appropriate law enforcement agency or the Idaho Department of Health and Welfare.

Training done is compliant with the requirement that the agency train staff on relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Employee signed acknowledgments and understanding are compliant with employees' understanding.

A11:

PREA Policy 5-1, section 11 does not require training on the relevant age of consent, however: they do train employees on this.

Ada County training slides, page 9: Legal age of consent and Idaho codes.

Training is compliant with the requirement to train employees on the legal age of consent.

115.331b:

Standard Requirement: 115.331 (b) Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

B1, 2:

Ada County training slides, page 17-18- cross-gender supervision: pg. 2-4 & 6-7-: communicate effectively and professionally with residents including LGBTI; Pg. 5-Interactions: pg. 10: video how to conduct searches; pg. 13: Respond to victims' differences in communication when comparing men and women.

The policy does not require training to be tailored to the unique needs and attributes and gender of the residents of the facility; however, it does train on this.

Training is compliant with the requirement to train staff on the unique needs and attributes and gender of the residents.

PREA Acknowledgement of training and understanding of training (staff, intern included in this audit documentation), dated and signed by the staff.

Employee signed acknowledgments and understanding are compliant with employees' understanding.

115.331c:

PREA Standard Requirement: 115.331 (c) All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

C2-3:

PREA Policy 5-1, section 11: all detention staff including the medical department will be required to attend at least 1 hour of PREA training per year.

No policy about refresher information or documentation about this being provided or trained upon; however, practice documentation indicates this training exceeds standard requirements and is done yearly instead of every two years (the standard requirement).

Refresher training : Ada County Juvenile Court Services Prison Rape Elimination Act and Staff Sexual Misconduct Refresher Training: Why PREA; Scope of PREA; Staff Training Requirements: zero tolerance, inmates rights to be free from SA and SH; Staff training requirements: communicate effectively and professionally with inmates including LGBTI, how to fulfill responsibilities under the agency sexual abuse prevention, detection, reporting and response policies and procedures; Zero Tolerance Policy; Residents Rights; Idaho Code 18-611; Consequences: for staff member who participates in sexual misconduct with or sexual harassment of a prisoner OR turns a blind eye towards any known or suspected sexual assault or victimization-whether inmate to inmate or staff to inmate (failure to report); For the Head of any Institution or Department - turns a blind eye towards any reported or suspected sexual assault or victimization; Official Liability - failure to train, Negligent supervision; Consequences-civil liability, Legal age of consent; Sex abuse in confinement; Physical Signs of

Sexual Abuse; Psychological signs of sexual abuse; Victims of sexual abuse suffer; Examples of Red Flag Indicators of Sexual Victimization; signs of staff on resident sexual abuse; Juvenile abusers; avoid inappropriate relationships; Sexualized Environments; dangers of sexualized environment; Cross Gender Supervision; Sex abuse includes: Sexual Harassment includes; How to communicate effectively and professionally with residents including LGBTI; Why should we care; Terms, Intake assessment; Interactions; Belief Systems; Searches of Transgender and Intersex residents; Searches; How to conduct searches; Reporting and responding; Legal considerations: mandatory reporting laws; Incident occurred in a different facility; Reporting and Responding; Reporting Methods for Residents; Responding to Victims, Male and Female differences in communication; Sexual assault forensic exams; Types of PREA investigations; Confidentiality; Documentation; Reports; Evidence Collection; False Reports, Prevention and Detection; Ensuring Resident Well Being.

115.331 D:

Standard Requirement: 115.331 (d) The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.

Training Records and signature of understanding: 37 staff (36 staff and 1 intern) signed a statement of understanding of the training received. All dated 2019 and 2020. This signed statement acknowledges receiving PREA training and understanding the information presented.

These records are compliant with this standard.

The following describes how the evidence above was used to determine compliance:

Paperwork compliance:

The policies reviewed during this audit and listed above, comply, and even exceed the requirements of this standard. In addition, statements of understanding, training logs, training slides, and refresher training PowerPoint and curriculum, included in the documentation, comply and exceed these standards training requirements. Paperwork documentation, including training logs, curriculum, and statements of understanding, confirm that all employees received and understand the PREA training and yearly refreshers they receive. The curriculum used by ACJCS exceeds the standard requirement by going further in-depth into all required categories and even adding additional topics.

Practice compliance, and integration into facility practice and culture:

Interviews with staff, volunteers, and contractors confirm understanding and practice of the above training and integration into agency culture by daily practice in the facility. 100% of the staff were able to go through the training requirements and demonstrate knowledge of that training and application.

On-site observations confirm staff uses their training when working with residents and in the facility, to promote safety.

ACJCS exceeds this requirement by conducting PREA refresher training every year, instead of the required two years.

ACJCS exceeds compliance with PREA standard 115.331.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 703 297">115.332 - Volunteer and contractor training</p> <p data-bbox="240 329 655 356">Compliance Determination: Compliant</p> <p data-bbox="240 387 655 414">Anacronyms used in this standard report:</p> <ul data-bbox="280 468 852 593" style="list-style-type: none"> • PC: ACJCS PREA Coordinator • ACJCS: Ada County Juvenile Court Services • ACJD: Ada County Juvenile Detention (audited facility) • OAS: Online Audit System (DOJ) <p data-bbox="240 624 697 651">Documentation Reviewed for Compliance:</p> <p data-bbox="240 683 940 710">Interviews: Volunteers, Contractors, PC, Assistant Detention Manager</p> <p data-bbox="240 741 1469 866">Site Review Observations: The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: observations and interviews of random staff, residents, the ACJCS PREA Coordinator (PC), ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p data-bbox="240 898 1453 992">115.332 (a) Standard Requirements: The agency shall ensure 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.</p> <p data-bbox="240 1023 994 1050">To determine compliance, the following documentation was reviewed:</p> <p data-bbox="240 1081 1481 1207">PREA Policy 5-1, section 12, page 4-5: Volunteers/Contractors who come in regularly shall be evaluated based on the level of contact they may ever have with the residents and frequency they come into detention; Volunteers/Contractors who come in regularly shall be required to attend a face-to-face training; Visitors who do not meet the criteria for volunteers will be provided an information sheet on PREA and their duty to report.</p> <p data-bbox="240 1238 1492 1296">This information is explained to volunteers and contractors, and they must sign an acknowledgment and understanding of the training. The Assistant Detention Manager maintains documentation that all volunteers have received the training.</p> <p data-bbox="240 1328 1453 1422">The policy is compliant with requiring volunteers and contractors to be trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response policies and practices.</p> <p data-bbox="240 1453 719 1480">Training PowerPoint for Volunteers/contractors:</p> <p data-bbox="240 1512 1481 1740">Training provided to volunteers and contractors contains: Background and history of PREA; Goal and Purpose; consequences; warning signs; sexual harassment; PREA required reporting and responding. Zero-tolerance, prevention, definitions, purpose, who PREA applies to, consequences and compensation, criminal statutes, warning signs, symptoms of victims and abusers, prevention, sexual harassment; reporting, steps to keep the victim safe; reporting and responding (immediately contact a staff member, shift supervisor, Assistant Division Manager, Division Manager, or Director; work with staff to complete a detailed incident report by end of shift; staff reports to law enforcement and Child welfare); retaliation; boundaries.</p> <p data-bbox="240 1771 756 1798">Signed acknowledgment of training, understanding.</p> <p data-bbox="240 1830 1453 1924">Acknowledgment of training and understanding: 3 signed by volunteers/contractors included in audit documentation. Received training, understood training, zero-tolerance policy, an acknowledgment that they must report any behavior that violates the zero-tolerance policy immediately. See B below for additional trained volunteers/contractors.</p> <p data-bbox="240 1955 1469 2080">115.332 (b) Standard Requirements 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.</p> <p data-bbox="240 2112 1469 2139">PREA Policy 5-1, section 12: All Volunteers and Contractors who have contact with the residents will receive training on the</p>

zero-tolerance policy regarding sexual abuse and sexual harassment and their responsibilities for sexual abuse and sexual harassment prevention, detection, and response policies and procedures before them having access to the residents.” Section a: “The level and type of training provided for volunteers shall be evaluated based on the level of contact they may have with the residents and the frequency they come into detention.” Section a-i: Volunteers and Contractors who come in regularly shall be required to attend face-to-face training. Section B: “Those Visitors, to detention, who do not meet the criteria for volunteers or contractors, including, but not limited to Department of Health and Welfare employees, social workers, therapists, and doctors, that conduct assessment on the residents for the court of jurisdiction, that come into detention on an infrequent base, will be provided an information sheet on PREA and their duty to report. This information will be explained to them and they must sign an acknowledgment and understanding of the training.” Section d: “The Assistant Detention Manager will maintain documentation of all volunteers have received the training.”

This Policy is compliant about stating the level and type of training provided for volunteers is based on the level of contact and frequency they come into detention.

PowerPoint of training: Training is compliant for volunteers, who come in regularly, getting face-to-face training explaining the required PREA information to them and they sign an acknowledgment of training and understanding; while, visitors who do not meet the requirement, receive a PREA sheet—zero-tolerance and their duty to report and must sign it.

PREA Acknowledgement of training and understanding: 4 volunteers; 37 interns – in various departments; 3 in operations/IT; statements, in documentation, signed in 2019 and 2020. Has zero-tolerance statement and instructions to report to supervisor.

Statements of training and understanding are compliant and demonstrate the understanding and acknowledgment of receiving training.

Pre-Audit Questionnaire: States that all volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy and informed how to report.

115.332 (c) Compliant

Standard Requirements: The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

See A and B above for documentation of training and understanding.

The following describes how the evidence above was used to determine compliance:

Paperwork compliance:

PREA policies reviewed above are compliant with the requirements of a, b, and c, of this standard. In addition, training curriculum, and statements of understanding document compliance with ACJCS policy and PREA requirements.

Practice compliance, and integration into facility practice and culture:

Interviews confirm the compliance of training, understanding of the training, and implementation of that training in the facility. Observations and informal interviews conducted onsite confirm the training has been converted to practice and institutionalization in the facility.

ACJCS/ACJD is compliant with standard 115.332

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.333 Resident Education Compliance Determination: Exceeds Compliance</p> <p>Anacronyms used in this standard report:</p> <ul style="list-style-type: none"> • PC: ACJCS PREA Coordinator • ACJCS: Ada County Juvenile Court Services • ACJD: Ada County Juvenile Detention (audited facility) • OAS: Online Audit System (DOJ) <p>Documentation Reviewed for Compliance: Facility PREA Policy 5-1, section 13; Resident Rights and Responsibility Form; The Resident Handbook-Phone Privileges, Mail Section, Grievance section, resident rights section; ACJCS Policy 1-3, section 3; PRE-Audit Questionnaire; Juvenile Education PowerPoint; Small Group Documentation Form; PREA Acknowledgement and understanding form; Agency PREA Policy 1-3, Procedures section 1-2; Agency PREA Policy 1-3, section 3; ACJCS PREA Policy 5-1 updated policy; updated ACJCS policy 2-6; updated policy 1-3; Disability and Language Access Plan; Disability Training for all staff; statements of understanding for new Disability Training; New Residents Rights form; Resident training; PREA Language Access Plan; PREA Disability Plan; Resident training statements; New Resident Posters; Updated and testing of PREA hotline documentation; New Speed Dial Numbers for AAFV, PREA Anonymous report; Documentation of monthly facility tests of speed dial numbers; Posters and resident training, information, and all forms, in Spanish.</p> <p>Interviews: Intake staff interview; residents; random staff; Assistant Detention Manager; PC. staff</p> <p>Site Review Observations: The onsite reviews-conducted in two onsite visits due to COVID-19 issues-included: observations and interviews of random staff, residents, the ACJCS PREA Coordinator (PC), ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p>115.333 a: Compliant</p> <p>Resident PREA Education at intake:</p> <p>Standard Requirement:</p> <p><i>a: During the intake process, residents shall receive information explaining, in an age-appropriate fashion, the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.</i></p> <p>The following evidence was used to determine compliance and/or corrective action .</p> <p>PRE-Audit Questionnaire: states that 878 residents were given information, at intake, about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment- in the last 12 months. That includes the Resident handbook and the Resident Rights Form.</p> <p>Original ACJCS PREA Policy 5-1, section 13:</p> <ul style="list-style-type: none"> • “Residents will be informed of methods of safely reporting sexually prohibited behavior. A). The resident rights form they complete during intake will explain their rights and responsibilities and ACJCS zero-tolerance policy toward sexual abuse and sexual harassment; b) The resident handbook will explain how to report sexual abuse and sexual harassment as well as a list of outside agencies they may contact for support; d) Documentation of the PREA training will be maintained in the daily log on IJOS, the roster from the group will be given to the Assistant Detention Manager, and a sticker will be placed on the resident's detention case record with the date of their PREA training on it. <p>Assessment: This ACJCS Detention Policy 5-1, section 13 requires that residents be informed of methods for safely reporting sexually prohibited behavior. It outlines the procedure for educating residents at intake, including using the Resident Rights Form (reporting and zero-tolerance). This policy also includes the requirement of PREA comprehensive resident training within 10 days (zero-tolerance, reporting, rights, and agency policy). Finally, it requires documentation of resident PREA training in the daily log, the roster from the training group, and a sticker that is placed on the resident folder with a date of the training. During Corrective Action, the ACJCS PREA Policy 5-1, section 13, was edited to include the following language:</p>

"Residents will be informed of methods of safely reporting sexually prohibited behavior in an age-appropriate manner."

Resident Rights Form:

- During intake, the Resident Rights Form is given to the new resident to read, sign indicating understanding and date. This form includes the right to be free from sexual abuse and sexual harassment, and the responsibility to report directly to staff or through the grievance procedure. In addition, the form has a statement that "ACJD complies with PREA and has a zero-tolerance policy for any sexual behavior towards residents such as sexual abuse, rape, sexual assaults, violent acts, or sexual harassment while in detention. Any such conduct may result in criminal charges being filed and individuals will be subject to discipline in detention. If you see any incidents or feel threatened, notify a staff member or supervisor, file a grievance, or make a report on the PREA hotline on the resident phones immediately."
- At intake, residents sign and date this form, which documents their understanding of their rights and responsibilities and confirms that the grievance procedure was explained to them.
- On-site observations: This auditor observed a resident intake, and this form was given to the resident to read and sign. He was asked if he had any questions and if he understood the information.
- Interviews confirmed that staff uses the Residents Rights Form at intake. The resident reads and signs it. Staff confirmed that residents receive and understand the information about the agency's zero-tolerance policy and their responsibility to report sexual abuse or sexual harassment; however, while all residents reported understanding the zero-tolerance for sexual abuse and sexual harassment and their right to be free from such actions, most residents were unclear about the different methods of reporting.

During Corrective Action, the ACJCS Resident Rights and Responsibilities Form was edited to ensure it was in basic language-5th to 6th-grade reading level, in large font, double spaced to accommodate residents with non-visual disabilities, and translated into Spanish. It is reviewed with the resident, using any needed accommodations for disability and language.

The final statement, before the resident's signature of understanding, clearly states ACJD's zero-tolerance of sexual abuse and sexual harassment, as well as five ways to report such incidents.

At the end of Corrective action, the ACJCS Resident's Rights Form complies with this standards requirement to explain, in an age-appropriate fashion, the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and the different ways to report incidents or suspicions of sexual abuse or sexual harassment, in English and Spanish.

The Resident Handbook:

The ACJCS Resident Handbook, in addition to the Residents Rights Form, is given to the resident at intake to further educate residents about the requirements of this standard,

The following information, from the Resident Handbook, indicates compliance information is given to residents at intake:

- Phone Privileges: "In the morning you may request to see your probation officer, public defender, counselor, etc. If you wish to see medical staff, you will need to fill out a medical request form. If you have a medical emergency, medical staff will be notified immediately."
- Visitations: "Held Wednesday and Sunday (during COVID restrictions visitations held by video)"
- Mail: "Allowed two letters a week, screened for contraband."
- Grievance Procedure: "For any rights violation, grievance forms are in the dayroom, pods, and put into a lockbox."
- Resident Rights: "While you are in Detention, no one has the right to pressure you to engage in sexual acts. Rape and sexual assault are violent acts. You do not have to tolerate sexual pressure, harassment, manipulation of assault. Every resident has a responsibility to eliminate sexual assault and sexual activity."
- If approached, pressured, or assaulted: report to a staff member immediately. If that method is uncomfortable then you may fill out a grievance; you may also dial 9 on the resident phones to make a report (hotline to PC); You may also dial 0 on the resident phones to speak with the AAFV and make a report. To ensure that your environment is safe if you are aware of another resident being sexually assaulted, pressured, or involved in sexual behavior, report it immediately; All reports are taken seriously and are investigated by law enforcement."

Compliance assessment of the Residents Handbook:

- The resident handbook is given to residents at intake. It provides additional information to residents and resources for reporting. These include by phone to parents/guardians, by mail, and through the grievance form, and in the resident's rights section this handbook gives then information on the use of the resident's phone to report-dial 9 for the hotline, dial 0 for the advocate and to make a report.
- On-site observation of an intake: A new resident was given the resident handbook at intake to read and review.
- Interviews confirm the resident handbook is given to the new or returning resident at intake and staff ensure residents understand the information. Residents reported they receive the handbook, are allowed to keep it in their room for

reference.

During Corrective Action, The Resident Rights Handbook was edited to ensure it was in basic language-5th-6th grade reading level, in large font, spaced out to accommodate residents with non-visual disabilities, and translated into Spanish. The edited Resident Handbook was reviewed with all residents to ensure their understanding of the ACJCS PREA policy of zero-tolerance and the multiple ways to report sexual abuse or sexual harassment.

115.333 b, e: Compliant

Standard Requirements:

b) *"Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents."*

e) *"The agency shall maintain documentation of resident participation in these education sessions."*

Policy:

- ACJCS/ACJD PREA Policy 5-1, section 13: "Detention staff will complete resident training on PREA within the first 10 days they are placed in detention. Training includes the agency's zero-tolerance policy regarding sexual abuse and sexual harassment; how to report; right to be free from retaliation for reporting such incidents; agencies policy for responding to such incidents; Documentation of the PREA training will be maintained in the daily log on IJOS. The roster from the group will be given to the Assistant. Detention Manager and a sticker will be placed on the resident's detention case record with the date of the PREA training on it."
- Compliance assessment of ACJCS PREA Policy 5-1, section 13: This policy is compliant with the requirements of this standard. It provides compliance direction, to the facility, and includes the requirements to provide comprehensive education to residents about their rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents, and agency policies and procedures for responding to such incidents.

During Corrective Action: ACJCS PREA Policy 5-1, section 13: was edited to include the following language: "Residents will be informed of methods of safely reporting sexually prohibited behavior in an age-appropriate manner."

Resident Comprehensive PREA Education-within 10 days of intake:

- The PREA comprehensive education PowerPoint covers and exceeds all the required standard requirements. Within 10 days (every Saturday) this comprehensive education is presented to new and returning/transferring residents.
- This presentation covers their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. Also, covers the zero-tolerance agency policy and procedures, as required. It exceeds the requirements of its standards by additionally covering, among other things, what sexual abuse or harassment is; No such thing as consensual; Prevention of sexual abuse or sexual harassment—report to staff you trust, counselor, shift supervisor, PO, grievance, dial 9 on the resident phone (hotline to PC; Process for investigating sexual assault flow chart; things to keep in mind; Includes a Quiz.
- Although the PowerPoint exceeds the requirements of the resident education required, interviews with residents did not confirm understanding and even remember receiving the training. Only a few residents could recall the intake or the comprehensive training. All residents could not identify the outside reporting source and how to access it, and only one resident knew that "9" on the resident phone went to the hotline. That resident did not know where the hotline connected to, and if it was the outside reporting source. Residents all reported feeling safe at ACJD and safe to report to staff.
- ACJD small group documentation Form documents the date the PowerPoint was shown to the resident(s), which residents participated in the PREA comprehensive education group, who facilitated the group, and the date. (2019-2021) (115.333e)
- PREA Acknowledgement and understanding of training: signed by residents and dated. 2019-2021 (115.333e)
- Resident Files: Included in documentation – PREA PowerPoint, video, quiz, small group documentation; statements of acknowledgment of training and understanding; sticker on file for comprehensive education completed; intake; resident rights and responsibility forms – signed and dated.
- Interviews: Staff interviews confirm that PREA resident comprehensive education is conducted every Saturday for new or returning residents. It includes the PREA PowerPoint, signed statements of understanding, and a quiz. In addition, this group is documented on the small group documentation form that contains the date and group, names of residents attending.
- Resident Interviews contained mixed results. None of the residents knew what the outside reporting source is and what the free numbers on the resident telephone are, and only 1 knew that you could use the resident phone and dial 9 for the hotline to the PREA Coordinator.

During Corrective Action:

- After the disability and language access assessment, of the Resident Comprehensive PREA PowerPoint training, the training was edited for easier understanding. This included basic language in a 5th-6th grade reading level, spaced out to accommodate residents with non-visual disabilities, individual disabilities accommodations, and translated into Spanish. These changes ensured ACJCS/ACJD presented the agency's PREA Comprehensive Education in an age-appropriate manner and ensured residents with disabilities- including non-visual disabilities, and limited English were accommodated. Discussion and testing also confirmed resident understanding.
- In addition, the new comprehensive training ensured resident education and understanding of the outside reporting source and how to access it; the emotional support services for any resident who has ever experienced sexual abuse and how to access it; the agency hotline-who it reaches and how to access it; and the advocate service and how to reach it.
- ACJCS/ACJD updated the voice recording, on the resident phone system, to ensure easier understanding of dialing 4 for reporting or emotional support services and dialing 0 for the PREA hotline to make a report, including anonymous reports. Included in this audit is documentation of ongoing, monthly testing of the phone system, from each location where there are resident phones, to ensure they are functioning properly.
- The new Resident Comprehensive PREA PowerPoint was presented to all current residents and instituted in practice as the ongoing PREA comprehensive training for all residents who enter the facility.
- Included in audit documentation are the new PowerPoint resident education, small group documentation forms, and statements of understanding signed by all current residents.

115.333c: Compliant

Standard Requirement: Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards and shall 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

Policy:

- Facility PREA Policy 5-1, section 13: all residents entering the facility receive the same intake and comprehensive education.
- Policy: section d: Documentation of the PREA training will be maintained in the daily log on IJOD, the roster from the group will be given to the Assistant Detention Manager, and a sticker will be placed on the resident's detention case record with the date of their PREA training on it.
- This policy is compliant with the requirement of PREA Standard 115.333c. Documentation, listed in the above section, demonstrates that all residents received the intake and comprehensive PREA training, and staff interviews confirm that the training is given to the residents each time they come into the facility – no exceptions.

Pre-Audit Questionnaire: states that all residents not educated within 10 days of intake have been educated.

Ada County PREA comprehensive education group documentation: In audit documentation – all education that occurred from 3/3/19 to 3/22/20, and during corrective action.

Resident Signed Acknowledgement/understanding of comprehensive training forms: All signed resident education forms are in the documentation for this audit. 3-3-19 to 3-22-2020, and during corrective action.

Residents' Detention Case Folders document the date of training with a sticker. File reviews confirmed that all files had a sticker indicating the training is complete.

115.333 (d 1-5) Compliant

D1-Standard Requirement: *The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.*

Policy:

- Agency PREA Policy 1-3, Procedures section 1-2: Detention staff will follow Ada County's language access plan to ensure that persons of limited English proficiency are provided meaningful access to Ada County services and programs. All non-English speaking juveniles will be provided an interpreter as soon as possible after admissions, but in all cases within 24 hours. (use in-house resources that may speak the language; language line 1-800-752-6096 or <http://languageline.com> (24/7 service); contact the placement coordinator so a translator can be made available for the

juvenile's court appearance.

During Corrective Action:

- ACJCS conducted a disability on all PREA resident education materials and processes. All resident PREA education materials were edited to ensure they were in basic language, 5th to 6th-grade reading level, spaced out, translated into Spanish, and appropriate accommodations provided to identified residents. In addition, a detailed language access plan was developed and implemented. (See standard 115.316 for more details.)
- ACJCS PREA Detention Language Access Plan: Developed and implemented procedures that include actions taken (with appropriate services, contracts, and documents) to accommodate residents with disabilities, including those who are deaf, hard of hearing, blind, possessing low vision, as well as those with intellectual, psychiatric, speech, limited reading skills, and other disabilities. These procedures are listed in ACJCS Policy 2-6.
- All staff received training on the new Disability and Language Access Plan and acknowledged their understanding in writing. This training included Trauma and the Adolescent Brain; E. Erickson's Stages of Development; Brain Impact of Trauma; Common Diagnosis in Detention Centers; Behaviors Associated with the Diagnosis/Trauma Seen in Detention; Deescalating and Preventing Behaviors Associated with Mental Health; Language Access Clarifications and Corrective Action Completed; Written Assessment of all PREA materials and changes made; Disabilities Plan (Detention Policy 2-6); Accommodations for Residents with Disabilities; How to Conduct Resident Training and Risk Screening for all disabilities; Behaviors to look for; How Residents with Disabilities may React to Sexual Abuse/Harassment; Accommodations for Residents with Disabilities Subjected to Sexual Abuse or Harassment; PREA Standard 115.316; Posters and Forms; ACJS Detention and Interpreters;
- Documentation included in this audit includes the training PowerPoint, Course Sign-in sheet, and auditor requested individual staff statements of understanding- of the Working with Juveniles with Disabilities and Ensure Compliance with the Prison Rape Elimination Act Training.

115.333 F: Compliant

Standard Requirement: *In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.*

During Corrective Action: 115.333f:

- ACJCS/ACJD completed a Disability Assessment on their PREA forms, flyers, handbook, and posters, using the Making PREA and Victim Services Accessible for Incarcerated People with Disabilities Guide.
- All materials were edited to ensure they were in the basic language (5th to 6th-grade reading level), spaced out to accommodate non-visual and spatial disabilities, posted at a level for easy access of all residents-including those in wheelchairs, and English and Spanish.
- Resident posters, flyers, information, brochures, handbook, and PREA educational materials- including posters for the advocate service, emotional support services, hotline, and the outside reporting source, were edited, posted, and uploaded to this audit documentation.

After Corrective Action:

- ACJCS/ACJD completed all corrective actions and excelled at compliance with this standard. Resident age-appropriate intake and comprehensive education are provided, including the rights to be free from sexual abuse and sexual harassment, the right to be free from the retaliation for reporting such incidents, and education of agency and facility policies and procedures for responding to such incidents.
- Using a disability assessment, development of a Language Access Plan, and agency policy and procedures, ACJCS/ACJD ensures the education provided is in formats accessible to all residents. This includes education for residents who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as residents who have limited reading skills.
- Education is presented in written formats, verbal discussion, questions/answers, and testing, every Saturday. Documentation is maintained on all resident education by the use of small group rosters and signatures of understanding from all residents entering Ada County Juvenile Detention.
- Disability and Language compliant PREA posters and information is continuously and readily available, or visible through posters, resident handbooks, flyers, placed and posted throughout the facility.

ACJCS/ACJD exceeds compliance with this standard.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 716 297">115.334 Specialized Training: Investigations</p> <p data-bbox="240 327 655 353">Compliance Determination: Compliant</p> <p data-bbox="240 383 655 409">Anacronyms used in this standard report:</p> <ul data-bbox="280 465 756 591" style="list-style-type: none"> • PC: ACJCS PREA Coordinator • ACJCS Ada County Juvenile Court Services • OAS: Online Audit System (DOJ) • HR: Human Resources <p data-bbox="240 620 1489 813">Documentation Reviewed for Compliance: PREA Policy 15-1, section 11; Pre-Audit Questionnaire; Certificate of Completion for Investigating Sexual Abuse in A confinement setting-Advanced Investigations; Certificate of Attendance to Specialized Investigations Training for Correctional Investigators; Moss Group Curriculum for two-day Training for Correctional Investigators; HR Investigator resume, education, and training, and NIC specialized training; Policy update 115.334 and 371; Investigator training certificate; PREA Policy 15-1, section 11-revised policy; ACJCS Investigation Policy 5-2; Employee training in PREA standard 115.331</p> <p data-bbox="240 844 1074 871">Interviews: Facility Administrative investigators; PC; HR Administrative Investigator.</p> <p data-bbox="240 902 1485 1028">Site Review Observations: The onsite reviews-conducted in two onsite visits due to COVID-19 issues-included: interviews-of staff, residents, the ACJCS PREA Coordinator (PC), ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p data-bbox="240 1059 531 1086">115.334 a1: Agency Policy</p> <p data-bbox="240 1117 1484 1211">115/334 (a) Standard Requirements: "In addition to the general training provided to all employees under 115.331, the agency shall ensure that to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in (juvenile) confinement settings."</p> <p data-bbox="240 1243 1150 1270">The following describes how the evidence below was used to determine compliance:</p> <ul data-bbox="280 1323 1458 1482" style="list-style-type: none"> • Pre-Audit Questionnaire: states that agency policy requires that investigators be trained in conducting sexual abuse investigations in confinement settings. • Original ACJCS PREA Policy 15-1, section 11: "Agency staff that conduct non-criminal resident on resident sexual harassment investigations shall have specialized training in conducting investigations in a confinement setting; a) ACJCS will maintain documentation that investigators have completed the required specialized training." <p data-bbox="240 1514 518 1541">During Corrective Action:</p> <ul data-bbox="280 1594 1484 1888" style="list-style-type: none"> • 115.334 a, ACJCS PREA Policy 15-1, section 11 was edited to state: "Agency staff that conducts investigations shall have specialized training in conducting investigations in a confinement setting. a) To conduct investigations related to PREA, investigators must have the basic PREA training outlined in 5-1.10 and specialized training in conducting sexual abuse and sexual harassment investigation in juvenile confinement settings. b) ACJS will maintain documentation that investigators have completed the required training as well as the specialized training." • ACJCS revised policy 15.1 section 11 to reflect the agency's requirement that agency investigators, conducting PREA administrative investigations, have the specialized training required by this standard. This includes the basic PREA training required of all employees and specialized training in conducting sexual abuse and sexual harassment investigations in juvenile confinement. <p data-bbox="240 1917 502 1944">115.334 b, c: Compliant</p> <p data-bbox="240 1975 488 2002">Standard Requirements:</p> <ul data-bbox="280 2056 1489 2148" style="list-style-type: none"> • b) "Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral."

- c) *"The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.*

Documentation evaluated for compliance:

- The facility-designated administrative investigators have documentation in Standard 115.331 of the employee training required for all staff.
- Resume of Human Resources Internal Investigator: A review of this investigator's resume, and professional experience confirms an extensive education, training, and experience as an investigator and in law. This includes: a BA degree in Criminal Justice and Criminology-2003, and Government and Politics; a Juris Doctor (Doctor of Law and Jurisprudence) 2010; Investigations Supervisor/Director of the Investigative Internship Program-Georgetown University Law Center (3 years); Investigator of adult criminal misdemeanors and felonies, wrongful convictions, domestic violence, child custody, civil...; Lead investigator for Mid Atlantic Innocence Project(4 years) included capital cases in state and federal courts; staff investigator and provided training for three law schools; and Internal Investigator for Ada County (3+ years).
- Moss Group Curriculum for two-day Training for Correctional Investigators: Investigating Incidents of Sexual Abuse: PREA standards, an overview of PREA Investigative Standards; Legal Issues and Agency Liability; Trauma and Victim Response; Agency Culture and Impact on Investigations; First Response and Evidence Collection; Role of the Victim Advocate; Interviewing Techniques. PowerPoint for the Moss Group training.
- Certificate of Attendance to "Specialized Investigations Training for Correctional Investigators 2 days in 2013 for Assistant Director
- Certificate of Completion for Investigating Sexual Abuse in A confinement setting: 1 for the Assistant Director, (online) for Assistant Director, and 1 certificate of Completion for the Ada County HR Internal Investigator.
- Interviews with investigators confirmed that they do not conduct sexual abuse investigations. Two investigators conduct resident-on-resident sexual harassment administrative investigations and one, in HR, conducts staff-on-resident sexual harassment investigations. The facility-designated administrative investigators are facility management staff who have received the specialized NIC investigator training, Investigating Sexual Abuse in A Juvenile confinement setting.
- The HR investigator has a background, education, and standing as an investigator. The HR Internal Investigator has extensive investigator education, background, and experience; and included in the documentation are the resume, interview, and specialized training certificate for this investigator. (Investigating Sexual Abuse in A Juvenile confinement setting).

Compliance assessment of the above documentation:

The above documentation confirms that ACJCS investigators have received specialized training and maintains documentation confirming the required specialized training (Investigating Sexual Abuse in A Juvenile confinement setting) has been completed as a higher-level specialized training for "investigators."

The National Institute of Corrections (NIC) training and certificates listed above are compliant with the required specialized training required by this standard. A review of this training confirms that it covers techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral, as required by this standard 115.334.

115.334 d: Compliant

Standard Requirement:

- d) *Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.*

There is no state entity or Department of Justice component that investigates sexual abuse at Ada County Juvenile Detention.

ACJCs/ACJD is compliant with PREA standard 115.334

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115:335 – Specialized Training: Medical and Mental Health Care</p> <p>Compliance Assessment: Compliant</p> <p>Anacronyms used in this standard report:</p> <ul style="list-style-type: none"> • PC: ACJCS PREA Coordinator • ACJCS: Ada County Juvenile Court Services • ACJD: Ada County Juvenile Detention (audited facility) • OAS: Online Audit System (DOJ) • NIC: National Institute of Corrections • ACSO: Ada County Sherriff's Office • AAFV: Advocates Against Family Violence • WSCS: Warm Springs Counseling Services • MOU: Memorandum of Understanding <p>Documentation Reviewed for Compliance: PREA Policy 5-1, section 11; Certificate for training; Medical Health Care for Sexual Assault Victims in a Confinement setting; Certificate for training; PREA: Behavioral Health care for Sexual Assault in a Confinement Setting; PREA Acknowledgement of the agency PREA Training; Pre-Audit Questionnaire; PREA Acknowledgement of the agency PREA Training; PREA Policy 5-1, section 11 edited policy</p> <p>Interviews: Administrative investigators, Medical and Mental Health Staff, PC.</p> <p>Site Review Observations: The onsite reviews-conducted in two onsite visits due to COVID-19 issues-included: interviews-of staff, residents, the ACJCS PREA Coordinator (PC), and management, ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p>115.335a:</p> <p>PREA Standard Requirement: 115.335 (a) 1-3: "The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment."</p> <p>115.335 a1:</p> <p>The following describes how the evidence below was used to determine compliance:</p> <p>Policy:</p> <p>PREA Policy 5-1, section 11: "All detention staff, including the medical department, will be required to attend at least 1 hour of PREA training per year, covers all 11 required training topics."</p> <p>Compliance assessment of this policy: (a1)</p> <ul style="list-style-type: none"> • This standard has an agency policy requirement. • ACJCS policy does not require that medical and mental health providers be required to have the specialized training required by this standard. ACJCS does provide specialized training to medical and mental health practitioners (NIC training); however, the policy does not require it as does this standard • ACJCS Detention's mental health and medical regular providers already have taken this training; however, although the practice is compliant, the policy needs to be put in place to comply with this standard <p>During Corrective Action:</p> <p>PREA Policy 5-1, section 11 was edited to include section l: "Medical staff will also be trained in the following: i) How to detect and assess signs of sexual abuse and sexual harassment; ii) How to preserve physical evidence; iii) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment, and iv) How and to whom to report allegations of suspicions of sexual abuse and sexual harassment; and m) The Assistant Detention Manager or designee will</p>

document through employee signature that the employees understand the training they have received

ACJCS is compliant, after corrective action, with the policy requirement of 115.335a.

C: 115.335 Compliant

- (c) *Standard Requirement: "The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.*

Documentation Reviewed for Compliance:

- *Six Certificates for training: Medical Health Care for Sexual Assault Victims in a Confinement setting: (NIC training that provides the training required in this standard.)*
- *Ten Certificate for training: PREA: Behavioral Health care for Sexual Assault in a Confinement Setting. (NIC training that provides the training required in this standard.)*
- *Pre-Audit Questionnaire: states there is 5 medical and mental health staff who work regularly in the facility. Also states 100% of the medical and mental health staff have received the training required by agency policy. The additional staffs who have certificates of completion for this training are 1 management staff and clinical and medical staff who do not work regularly in the facility.*
- *Interviews: 3 out of 5 medical providers and mental health providers were interviewed, and all confirmed that they have taken and passed the NIC training for medical or mental health providers. Additionally, they were able to answer questions regarding their knowledge in each of the four areas required by this standard and demonstrate their knowledge. In addition, an interview with the Assistant Detention Supervisor, who also completed the medical and mental health training, confirmed management's understanding of the requirements of this training and practice required.*

Compliance assessment of the above documentation: (a 1, 2, 3, and C)

ACJCS provided certificates of completion for all medical and mental health providers (5) who work or contract in their ACJD facility, and for those who completed this training since 2013. Interviews with medical and mental health regular staff confirm taking the training and their knowledge of the four requirements of the training required by the standard. 100% of current regular mental health and medical providers have completed this training.

The documentation is compliant with the practice of taking the training required, by this standard, and knowledge of practice required by this standard. This practice is ingrained into the culture of the facility-since documentation is included since 2013.

No corrective action is required for this reviewed documentation of practice.

115.335 b: Compliant

Standard Requirement: "If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations."

N/A as medical staff employed by ACJCS do not conduct forensic examinations.

Interviews with St. Alphonsus Hospital SANE confirmed any forensic examination would be conducted at St Alphonsus Hospital, and arranged by law enforcement, who would ensure a SAFE/SANE was provided for the exam within 30 -60 minutes-at the most. There were no exam logs, as there has not been an allegation of sexual abuse in this facility in the last three years. Medical staff interviews, at ACJCS, confirmed that forensic exams are conducted at St Alphonsus Hospital by a SAFE/SANE. In addition, the Pre-Audit Questionnaire stated that Agency medical staff at this facility do not conduct forensic medical exams.

115.335 d: Compliant

Standard Requirement:

- (d) "Medical and mental health care practitioners shall also 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 agency."

The following describes how the evidence below was used to determine compliance:

- PREA Acknowledgement of the agency PREA Training: acknowledgment and understanding of PREA training; zero-tolerance policy; will report immediately any behavior that violates the zero-tolerance policy. 9 signed medical staff forms were included in the documentation (2010-2019). Clinical staff - 14 signed included in audit documentation.

- Interviews: 2 medical providers; 1 mental health provider, and 1 contractor.
- Interviews with medical and mental health providers, who work regularly in the facility, confirm that these providers have completed the original PREA training and yearly PREA refreshers, as listed in standard 115.331.
- One medical contractor confirmed that she had completed the PREA education required in standard 115.332. For contractors, zero-tolerance, and reporting, and signed acknowledgment of training.

Compliance assessment of the above documentation:

Training records, acknowledgment of understanding, and interviews confirm that regular medical and mental health providers receive the training designated for employees (115.331) and the yearly refresher PREA training.

Also, PREA acknowledgments of agency Contractor PREA training and interview with a contracted medical provider confirmed receiving and understanding of training.

See standard 115.331 for additional confirmation of employee PREA training, and 115.332 for contractor PREA training, and knowledge/practice.

ACJCS/ACJD is compliant with PREA standard 115.335.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.341 Obtaining Information from Residents.</p> <p>Compliance Assessment: Compliant</p> <p>Anacronyms used in this standard report:</p> <ul style="list-style-type: none"> • ACJCS Ada County Juvenile Court Services • PC: ACJCS PREA Coordinator • RAI Risk Assessment Instrument • OAS Online Audit System (DOJ) • ACJD: Ada County Juvenile Detention (audited facility) <p>Documentation Reviewed for Compliance: PREA Policy 2-1 Admissions Procedure; Policy 2-1, section 13a; Pre-audit Questionnaire; Risk Assessment Form; Ada County ACJCS Medical and Psychiatric History and Physical; Ada County Receiving Screening; Medical and Psychiatric History Form; PREA Policy 2-1, section 10; Risk Assessment Form for the residents interviewed at the on-site review; Risk assessments completed during corrective action; staff training on risk assessments and the need to conduct them every three months; staff statements of understanding of the risk assessment training; New Risk Assessment Form edited during corrective action; ACJCS Policy 2-1 Admission Procedure-developed during corrective action; Risk assessment screening training</p> <p>Interviews: Risk Screening staff; residents, PC; Assistant Detention Manager</p> <p>Site Review Observations: The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: interviews-of staff, residents, the ACJCS PREA Coordinator (PC) and management, ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p>115.341 a: policy requirement 115.341 d: practice requirement.</p> <p>115.341 (a): Standard Requirement: "Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident."</p> <p>115.341d: Standard Requirement: This information shall be ascertained through conversations with the resident 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 resident's files.</p> <p>115.341 Compliance assessment per standard:</p> <p>115.341a1:</p> <p>Audit Requirement: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. (Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement,)</p> <p>ACJCS PREA Policy 2-1, section 13a: "A risk assessment for sexual victimization and/or sexually aggressive behavior will be completed during intake and before the juvenile is placed in housing. This will be done through conversations with the juvenile, observations of the juvenile, information from the initial medical screening completed by detention staff on Cor-EMR, and by checking case file records for behavioral records, court records, and other relevant documentation. These assessments will include a) History of prior victimization and abusiveness; b) Any non-gender-conforming appearance or manner: c) Age; d) Physical appearance and behaviors; e) History of mental illness or developmental disabilities; f) Physical disabilities; g) Resident's perception of their own vulnerability; h) File review of charges; i) File review of history in detention; j) The risk assessment will be given to clinical for review."</p> <p>During Corrective Action:</p> <p>ACJCS policy was edited to include, "k) Residents will be reassessed when an incident occurs when allegations are made or received when risk level changes, or every three months to ensure nothing has changed and their housing is still appropriate. The reassessment will be given to clinical for review."</p>

In addition, ACJCS PREA Policy 2-1 Admission Procedure was edited. This policy outlines the ACJD intake and orientation process all residents must complete, upon arrival. The purpose is listed as, "The admissions process will be a clearly defined process that allows staff to properly document the juvenile's case record, the reason for placement in detention, and ensures we have all necessary paperwork and legal documentation"

Policy 2.1 Procedures include:

Section 15: "A risk assessment for sexual victimization and/or sexually aggressive behavior will be completed during intake and before a juvenile being placed in housing. All PREA required assessment categories are listed in this procedure, and a scoring breakdown is given. The assessment is required to be reviewed by clinical staff. In addition, procedure 15d requires residents to be reassessed when an incident occurs, when allegations are made or received, when risk level changes, or every three months-and given to clinical staff for review. Section e requires detention staff, who complete intakes, to be trained on how to conduct and score risk assessments, including how to use the assessment and other intake information to make a trained and informed assessment of vulnerability or aggressiveness."

All risk screening staff received training on how to conduct the risk screening and the changes to policy and procedure. Training curriculum and signed statements of understanding are included in this audit documentation.

ACJCS is compliant with 115.341a1, after completing corrective action.

115.341 a2, a3:

Audit Requirement: a2: "The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake."

While the ACJCS PREA Policy/Procedure does not state that the above requirements (that pertains to this standard) will be completed within 72 hours, it does require they be completed during the intake process, and before the juvenile being placed in housing-which is well within the 72 hours.

Reviewed:

10 Completed Risk Assessment Forms reviewed on all random residents interviewed on the site visit:

File Reviews: Resident files for all residents contain risk assessments and after corrective action, reassessments every three months.

The completed risk assessment used by ACJCS Detention was in all reviewed files and is the risk assessments for the 10 random residents interviewed on-site are included in the documentation of this standard.

A3: Pre-audit Questionnaire: states that 878 residents were screened for risk of sexual victimization or risk of sexually abusing other residents, within 72 hours of entering the facility.

ACJCS documented that all residents entering the ACJCS Detention Facility completed a risk assessment before leaving intake and being placed in housing.

ACJCS is compliant with 115.341a2, 3

115.341 A4: Compliant

PREA Audit Requirement: "The policy requires that the resident's risk level be reassessed periodically throughout their confinement."

Resident File review confirmed that the original risk assessment was in the file; however, no reassessment was in any file. Staff interviews confirm that there have been no risk reassessments completed on any residents, and policy does not require periodic reassessments.

During Corrective Action:

ACJCS PREA Policy 2-1 was edited to include, in section 15k, "Residents will be reassessed when an incident occurs when allegations are made or received when risk level changes, or every three months to ensure nothing has changed and their housing is still appropriate. The reassessment will be given to clinical for review."

Staff training was completed, including slide 7 Risk Assessments, to ensure staff understand that all residents will be reassessed every three months. Staff statements of understanding are included in this standards audit documentation.

All residents who had been at the facility three months or more were reassessed, and all assessments were uploaded to the audit documentation of this standard. New assessments were completed and are included in this audit documentation, to document the change and ingraining practice into the facility culture.

ACJCS is compliant in policy, practice, and culture with 115.341a, after corrective action.

115.341 b, c: Compliant

PREA Standard Requirement:

b) "Such assessments shall be conducted using an objective screening instrument."

c) "At a minimum, the agency shall attempt to ascertain information about: (1) Prior sexual victimization or abusiveness; (2) 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; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents."

The following describes the evidence used to determine compliance:

Interviews: Risk Screening staff, Assistant Detention Manager, Residents, Medical and Mental Health staff

Risk Assessment of Victimization and/or Sexually Aggressive Behavior Form: This Risk Screening Form is used universally for every resident who enters or returns to ACJCS Detention and is completed before residents leave the intake area. During Corrective Action, this form was edited for compliance and the new assessment is a part of this audit documentation.

Completed Risk Screening Forms are included in this audit documentation-completed on the random residents interviewed on the site visit and representative of the resident files reviewed. Additionally, new risk screening forms completed after changes to the risk assessment were made are included in audit documentation.

Risk Assessment of Victimization and/or Sexually Aggressive Behavior Form Evaluation:

ACJCS's Risk Screening Form is used universally for every resident who enters or returns to ACJCS Detention.

The Risk screening forms include the name of the resident, DOB, Biological sex, Gender identity: M or F, Race, today's date, and a line for current charges and offense history.

During corrective action, the practice of the resident filling out the first 10 questions was changed to the risk screening staff asking the resident the questions and recording their results. In addition, a question asking the new resident about any self-identification as LGBTI was added.

These questions include age, and if the resident has ever been in a locked juvenile facility; feels they get along with other people; find it easy to make friends; feels ok being in groups of people, they do not know; feels at risk from attack or abuse from other people; has ever been attacked, bullied, or abused by a peer; has ever had a sexual experience that they did not want to have; and, is there evidence that this juvenile has been reported as having an intellectual impairment, learning disability, special education classes, or developmentally delayed; or Identifies as lesbian, gay, bisexual, transgender, or intersex (added during corrective action)

Scored: questions 1-9, have various scoring from 0 to 4, for answers yes, no, sometimes, often, and evidence-2, no evidence-0.

Question 11: Physical appearance and behaviors—small build, looks younger than stated age, impaired vision, pronounced disfigurement, physical disability, deaf, appears frail, weak, inappropriate verbal behavior, gender nonconforming appearance/behavior, hunched, fearful posture (very fearful, very shy), speech impediment, suspected cognitive/developmental delays, behaviors that are likely to irritate and annoy others, behavior that appears related to mental illness (jittery, crying, bizarre), naïve to criminal culture, ethnic minority not well represented, member of a gang that's likely to be the target of the attack, and other.

Scored: 1-10, 0 none of above-0; two or three of above-2; four or more-4.

Staff then complete questions 12-14 and are required to complete a file review to determine if the file indicates that the juvenile has been charged with a sex offense; and is there any information that suggests sexual aggression or victimization to others. (Scored: Yes-4; No 0)

After scoring the risk assessment, the assessment is sent to a mental health clinician for review, and housing placement is determined.

File Reviews: Residents' files were checked to ensure the completed risk assessment form is in the file and the housing placement is documented at the bottom of the form. All housing assignments were documented at the bottom of the risk

assessment. The completed risk assessment used by ACJCS Detention was in all reviewed files and is the risk assessments for the 10 random residents interviewed on-site are included in the documentation of this standard. During corrective action, the revised Risk Assessment was finalized and put into practice and the completed assessment was uploaded to this audit documentation.

The Pre-audit Questionnaire: states that 878 residents were screened for risk of sexual victimization or risk of sexually abusing other residents, within 72 hours of entering the facility. ACJCS documented that all residents entering the ACJCS Detention Facility completed a risk assessment before leaving intake and being placed in housing.

Interviews:

Intake Staff, PC, Residents, Medical and Mental health staff, and residents:

Interviews confirm that the risk assessment is given to new and returning residents on day 1--well within the 72 hours required. Further, that all facility staff can conduct intakes and the required risk assessment. The housing assignment is put on the form at the end of intake, when all assessments, file reviews, and documentation are put into the resident's case file.

Medical staff confirmed that there is a physical within 7 days of intake and they ask a resident about previous sexual abuse; however, before the physical, they receive intake paperwork to review and sign off the medical review of that paperwork.

Mental Health staff confirmed that they meet with the new resident to conduct the MASI (suicide risk assessment), review all relevant intake and file information, and assist in determining risk so that the resident is not placed with abusers/victim- whichever is the case. Staff noted that they have high and low-risk units for the male residents, as well as all residents, who have individual rooms. In addition, mental health staff has input on the risk of the resident and housing. During the meeting with the resident, mental health staff asks residents questions asked prior sexual abuse, identification as lesbian, bisexual, gay, transgender, or intersex, and residents are afforded an opportunity to self-identify as LGBTI. In addition, any other relevant knowledge or information regarding inmates'/residents' LGBTI status and a subjective assessment is made whether a resident appears gender-nonconforming—necessarily requires a determination based on the perception of the screening staff.”

Staff/management interviews confirmed that the risk assessment is a required part of the intake and ingrained into facility practice and culture

Resident interviews confirmed that most current residents have little recollection of filling out or answering the risk assessment questions this auditor ask them, at intake or since; however, all residents said they filled out and signed a lot of paperwork and they may have completed this. File reviews confirm the Risk Assessment was completed and in each resident's file.

During corrective action, the practice was revised to include reassessing residents every three months, using the risk assessment tool, with a follow-up with mental health staff. All staff received training on administering the revised risk assessment and policy changes regarding this assessment and signed statements of understanding are included in this audit documentation. This process is instituted in practice and all documentation is uploaded to this audit.

The following describes additional evidence used to determine compliance:

Intake Documents, Detention Case Log, Risk Assessment of Victimization and/or Sexually Aggressive Behavior Form:

ACJCS is Required to assess the following on their Risk Assessment:

(1) Prior sexual victimization or abusiveness; addressed by number 8 on the risk assessment.

(2) 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; #10

#2: this requires both a subjective and objective assessment; This should be on the risk assessment as it is a high-risk category and needs to be asked of the resident (objective-(is)) and include making a subjective (perceived) assessment. (See the DOJ Clarification below). The Risk Assessment already had a subjective format to determine gender nonconforming appearance or manner; however, did not include the resident being directly asked about identification as LGBTI.

During corrective action, residents were asked about their identification as LGBTI and it was taken into consideration; however, not on the Risk Assessment Form. The Risk Assessment was changed to document the resident being asked about their identification as Lesbian, Bisexual, Gay, Transgender, or Intersex, and the incorporation of the information in the assessment of risk. The form is a part of this standards audit's documentation.

(3) Current charges and offense history; Documented on the Intake Screening Form and Screening Tool

- (4) Age; Documented on several intakes documented, including number #1 on the risk assessment
- 5) Level of emotional and cognitive development; Documented on number 9 on the risk assessment, and Medical and Psychiatric history Form
- (6) Physical size and stature; Documented on number 10 on the risk assessment
- (7) Mental illness or mental disabilities; Documented on numbers 9 and 10 on the risk assessment, and the Medical and Psychiatric history form
- (8) Intellectual or developmental disabilities; Documented on number #10 on the risk assessment, and the Medical and Psychiatric history form
- (9) Physical disabilities; Documented on number #10 on the risk assessment, and the Medical and Psychiatric History Form
- (10) The resident's perception of vulnerability; Documented on numbers 2, 3, 4, 5, 6, on the risk assessment; and the Medical and Psychiatric History Form
- (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. Some information documented on numbers 11,12,13, 6, 7 on the risk assessment, on the Medical and Psychiatric History Form, and with intake documents, including the no contact orders, the RAI, former and current charges, the Detention Case Log; Suicide assessment, and the Cor-EMR Assessment.

PREA Policy 2-1 section 15d, e: "d) Residents will be reassessed when an incident occurs when allegations are made or received when risk level changes, or every three months to ensure nothing has changed and their housing is still appropriate. The reassessment will be given to the clinical for review. e) Detention staff who complete intakes of juveniles coming into detention will be trained on how to conduct and score the risk assessment, including how to use the assessment and other intake information to make a trained and informed assessment of the vulnerability or aggressiveness of the juvenile."

115.341 e: Compliant

Standard Requirement: "The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked according to this standard to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents."

PREA Policy 2-1, section 10: "Any information related to sexual victimization or abuse shall be strictly limited to medical and mental health practitioners and other staff, as necessary for the management of security issues, including housing and program assignments."

This ACJCS Policy 2-1, section 10 is compliant with the requirement of this standard, and interviews and file reviews confirm the practice of ensuring intake and risk assessment answers and information is confidential and strictly limited to medical and mental health staff and other staff, as necessary for housing, programming, or security.

File Reviews of the Ada County Juvenile Court Services Medical and Psychiatric History and Physical Form, Ada County Detention Receiving Screening Form, Ada County Detention Receiving Screening Form, resident's well-being logs, the Risk Assessment Instrument (RAI), A Health Screening on Cor-EMR, and the Risk Assessment Form were kept confidentially, and limited access was given only for required placement decisions, and safety and security.

Interviews with 100% of the staff, management, and mental health and medical providers confirmed the confidentiality of intake and risk assessment information to mental health, medical, and staff for housing, programming, and security issues. The staff was clear that all interviewed take confidentiality seriously and information in the Case File is strictly limited. In addition, mental health and medical staff confirmed that their files related to intake and risk assessment are kept in confidential files with medical and mental health staff.

The following is an in-depth description of evidence used to determine the above compliance:

115.341

ACJCS uses multiple assessments, requirements, and/or tools, to obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The following are policy requirements for these assessments, and a review of each assessment/tool used to gather the required information: to comply with this standard.

ACJCS PREA Policy 2-1 Admissions Procedure, pertains to this standard (115.341 Obtaining Information from Residents). The purpose of this policy is stated as, "The admissions process will be a clearly defined process that allows staff to properly document the juveniles case record, reasons for placement in detention, and ensures we have all necessary paperwork and legal documentation."

ACJCS PREA Policy 2-1 Admissions Procedure includes the following procedures, that pertain to obtaining and using information about each resident's personal history and behavior to reduce the risk of sexual abuse upon a resident:

- Initial screening of juveniles-per-established mandatory hold, release, and placement guidelines.
- Copies of all Juvenile Warrants, Conditional Release Orders, and Juvenile No Contact Orders are placed in the resident's case record. All records are on file in the booking.
- Copies of arrest reports and National Crime Information Center (NCIC) teletypes copied for the Detention Case Record.
- If the resident does not have a case record at ACJD, a Detention Case Record for new juveniles is created. If a previously detained resident- the same Detention Case Record is used and added to.
- Log the juvenile into the well-being log, stating the date, time, and reason the juvenile was admitted and who brought him/her in.
- The Risk Assessment Instrument (RAI) will be completed on juveniles brought in on new law violations. It will be scored by a trained staff/management to determine if the juvenile may be released to a parent/guardian or will stay in detention and go to court the next judicial day. Law enforcement officers or the Shift Supervisor may use the override process to keep juveniles with a lower score from being released if they have articulated concerns involving the safety of the juvenile, community, or other individuals. Law Enforcement Officers must sign the form with the badge number and agency. A copy of the RAI paperwork is placed in the juvenile Detention Case Record.
- All Juveniles are booked into the Idaho Juvenile Offender System (IJOS), with the following information that pertains to this standard: name and case number; date and time of intake; A physical description of the juvenile; current charges; current housing assignment; a current digital photograph; and all other relevant information.
- A Health Screening on Cor-EMR (Correctional Electronic Medical Records) will be completed upon intake with the following information: health problems, dental problems, sexually transmitted and/or other diseases; medications and special health requirements; mental illness or suicidal behavior; prior sexual victimization or abuse-if screening indicates the juvenile has experienced prior sexual victimization or has previously perpetrated sexual abuse-staff will ensure a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Information about sexual victimization or sexual abuse is strictly limited to medical and mental health practitioners and other staff, as necessary for the management of security issues, including housing and program assignments; any observations of unusual behavior, physical or mental trauma, or illness; Medical staff will review the health screening to determine if any acute medical or mental health needs to be addressed—within 24 hours; A physical exam will be completed within the first 7 days—will be documented on the Psychiatric History and Physical form.
- All juveniles fill out a Juvenile Rights and Responsibilities Form that includes (pertaining to this standard): ACJCS zero-tolerance policy on sexual abuse or harassment,
- A risk assessment for sexual victimization and/or sexually aggressive behavior will be completed during the intake process before the juvenile being placed in housing. This is done through conversations with the juvenile, observations of the juvenile, information from the initial medical screening completed by detention staff on Cor-EMR, and by checking case file records for behavioral records, court records, and other relevant documentation. The assessments will include the history of prior victimization and abusiveness; any non-gender-conforming appearance or manner; age, physical appearance, and behaviors; history of mental illness or developmental disabilities; physical disabilities; residents' perception of their own vulnerability; file review of charges; file review of past history in detention.
- Housing: juveniles housed in single cells; separated by gender; placement decided on a number of times they have been in detention, age, emotional and cognitive development, previous behavior in detention, maturity level, and size; their score on the Risk Assessment for Victimization and or sexually aggressive behavior; score on suicide assessment; if determined to be at risk to themselves or others, may be housed in observation room; court order.
- Given the ACJCS Clinical Services and Medical Informed Consent Form to read and sign-outlines mandatory reporting rules for child abuse and self-harm, sign an acknowledgment that they have read and understood this form every time they come into detention; acknowledge they have read and understood this form; form kept in Detention Case File.
- Juveniles shall receive orientation-, in their language, as to their rights.
- Receive the Resident Handbook, upon entering detention. If a literacy barrier is recognized, Detention staff will read and explain the handbook to the resident.
- The information gathered during intake is used to help ensure (as it pertains to this standard) and maintain the proper safety and security of the staff members and the residents of the juvenile detention center.

ACJCS policy 2-1 has clear procedures, requirements, and assessments that are intended to cover the immediate process of the admission procedures.

ACJCS policy 2-1 requires, as illustrated above, the agency's (ACJCS) requirement that the facility (ACJD), upon admission, obtain and use information about each resident's personal history and behaviors.

115.341 d:

The extensive list of information, records, and assessments, as listed above (under 115.341a), is required to be gathered into

a Resident's Case Record. Some information gathered into the Resident Case Record includes the resident's personal history, behavior, medical and mental health, risk of sexual abuse or sexual aggression, prior sexual victimization or aggression, current and prior charges, the risk to self or others, housing, and more (see above), as required by this standard.

ACJD updates the Resident Case File through the well-being log, and with any additional information, they obtain, assess, or receive. They use such information, about each resident's personal history and behavior, to help and maintain the proper safety and security of the staff members and the residents of the juvenile detention center.

Ada County Juvenile Court Services Medical and Psychiatric History and Physical Form: completed at intake, is used in addition to the Risk Assessment, to assist in determining a resident's risk and housing. Relevant information gathered during this assessment is general appearance, medications, date of birth, mental status observations, suicide assessment, ever been sexually abused (follow-up and reported), been convicted of sex offenses, treated for a mental health issue, been hospitalized for a mental health issue, violent behavior, and history of expressively violent behavior. This form is signed and dated by either a registered nurse or physician.

Ada County Detention Receiving Screening Form: includes: allergies; glasses; dental; skin problems; tattoos; visible signs of alcohol/drug use; history of seizures; physical deformity; depressed; irrational; violent or violent in last 24 hours; lice; significant loss; thoughts of suicide; attempted suicide; family member committed suicide; serious medical problems; abused by anyone, been reported, seen a counselor; speech; eye contact; mood; housing assignment; housing comments; detention staff reviewer; health services staff review; review intake form for consistency, referred to a mental health professional; and medical referrals.

This ACJD Receiving Screening Form, completed at intake, is used in addition to the Risk Assessment, to assist in determining a resident's risks and housing. Relevant information gathered during this assessment is a physical deformity, depression, irrational, or not making sense, want to see a counselor, mental status observations, speech, and mood. At the bottom of this form is documentation of the housing assignment, who reviewed this assignment, and the health services staff review date. This form includes additional information gathered to enhance assessment and make appropriate housing assignments.

PREA Policy 2-1 section 15, Housing: Juveniles are housed in single cells; juveniles are separated by gender; housing placement will be decided by the number of times they have been in detention, their age, emotional and cognitive development, previous behavior in detention, maturity level and size; juveniles who are placed in detention will complete a risk assessment for victimization and/or sexually aggressive behavior. Their score will help determine housing placement; Juveniles who are placed in detention will complete the MAYSI-2 which will help determine risk for suicide. Their score will help determine housing placement; Juveniles who may be at risk to themselves or others may be housed in an observation room; If a juvenile is ill or contagious, they may be housed in an observation room; court order could also dictate housing placement.

This ACJCS PREA Policy, 2-1 section 15-Housing, describes single-cell housing for all residents and how housing placement is determined. This includes the Risk Assessment that the policy states, "their score will help determine housing placement."

It includes the MAYSI-2 (suicide assessment) to help determine placement, and in addition, the assessment of times in detention, age, emotional and cognitive development, previous behavior in detention, and maturity level and size.

See interviews for practice under 115.341a and d, under review for standard 115.341b

ACJCS/ACJD is substantially compliant with standard 115.341.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.342 – Placement of residents</p> <p>Compliance Assessment: Compliant</p> <p>Anacronyms used in this standard report:</p> <ul style="list-style-type: none"> • LGBTI: Lesbian, Gay, Bi-Sexual, Transgender, Intersex • ACSO: Ada County Sherriff's Office • AAFV: Advocates Against Family Violence • WSCS: Warm Springs Counseling Services • RAI: Risk Assessment Instrument • MOU: Memorandum of Understanding • PC: ACJCS PREA Coordinator <p>Documentation Reviewed for Compliance:</p> <p>PREA Policy 7-2, section 3; Ada County Detention Receiving Screening Form; Ada County Juvenile Court Services Medical and Psychiatric History and Physical; PREA Policy 7-9, section 2v; PREA Policy 7-9, section 3; Pre-Audit Questionnaire; PREA Policy 7-2, section 4; PREA Policy 7-9, section 5; Case File Review; Risk-Based Housing Decisions; PREA Policy 2-1 Admissions Procedure; Policy 2-1, section 13a; Pre-audit Questionnaire; Risk Assessment Form (RAI); Ada County Receiving Screening; Medical and Psychiatric History Form; PREA Policy 2-1, section 10; Completed Risk Assessment Form for the residents interviewed at the on-site review; and the Risk Assessment of Victimization and/or Sexually Aggressive Behavior; Revised Risk Assessment; Staff Training during corrective action; Staff statements of understanding; Revised ACJCS Admissions Policy</p> <p>Interviews: PC; Risk Screening Staff; Detention Manager; Staff who supervise residents in detention; Medical and Mental Health Staff, Assistant Detention Manager; Bisexual Residents.</p> <p>Site Review Observations: The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: interviews-of staff, residents, the ACJCS PREA Coordinator (PC) and management, ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p>115.342a: Standard Requirement: "The agency shall use all information obtained pursuant to 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse."</p> <p>The following describes how the evidence obtained in standard 115.341 was used to determine compliance with this standard 115.342:</p> <p>PREA Standard 115.341 Obtaining information from Residents: including the following policies, procedures, assessments, and documents reviewed and documented as being completed at intake or shortly thereafter, and used to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse:</p> <p>ACJCS PREA Policy 2-1 Admissions Procedure, outlined in standard 115.341, the purpose of this policy is stated as, "The admissions process will be a clearly defined process that allows staff to properly document the juveniles case record, reasons for placement in detention, and ensures we have all necessary paperwork and legal documentation."</p> <p>AJCS PREA Policy, 2-1 section 17 (revised during Corrective Action): Housing, describes single-cell housing for all residents and how housing placement is determined. This includes the:</p> <ul style="list-style-type: none"> • Ada County Juvenile Court Services Medical and Psychiatric History and Physical Form: Completed at intake, is used in addition to the Risk Assessment, to assist in determining a resident's risk, housing, and programming. Relevant information gathered during this assessment is general appearance, medications, date of birth, mental status observations, suicide assessment, ever been sexually abused (follow-up and reported), been convicted of sex offenses, treated for a mental health issue, been hospitalized for a mental health issue, violent behavior, and history of expressively violent behavior. This form is signed and dated by either a registered nurse or physician. • Risk Assessment- that the policy states, "their score will help determine housing placement."

- MAYSI-2 (suicide assessment) to help determine placement, and in addition, the assessment of times in detention, age, emotional and cognitive development, previous behavior in detention, and maturity level and size.
- Resident's personal history and behaviors.
- Risk Assessment of Victimization and/or Sexually Aggressive Behavior Form--completed during the intake process prior to the juvenile being placed in housing.
- Conversations with the juvenile, observations of the juvenile, information from the initial medical screening completed by detention staff on Cor-EMR, and by checking case file records for behavioral records, court records, and other relevant documentation. The assessments will include a history of prior victimization and abusiveness; any non-gender-conforming appearance or manner; age, physical appearance, and behaviors; history of mental illness or developmental disabilities; physical disabilities; residents' perception of their own vulnerability; file review of charges; file review of past history in detention, and identification as LGBTI.
- ACJD Receiving Screening Form, completed at intake, is used in addition to the Risk Assessment, to assist in determining a resident's risks and housing. Relevant information gathered during this assessment is a physical deformity, depression, irrationality, or not making sense, want to see a counselor, mental status observations, speech, and mood. At the bottom of this form is documentation of the housing assignment, who reviewed this assignment, and the health services staff review date. This form includes additional information gathered to enhance assessment and make appropriate housing assignments.
- Resident's Case Record: The extensive list of information, records, and assessments, as listed (under standard 115.341a), are required to be gathered into this case file record. Some information gathered into the Resident Case Record includes the resident's personal history, behavior, medical and mental health, risk of sexual abuse or sexual aggression, prior sexual victimization or aggression, current and prior charges, a risk to self or others, housing, and more (see above), as required by this standard.

ACJD updates the Resident Case File through the well-being log, and with any additional information, they obtain, assess, or receive. They use such information, about each resident's personal history and behavior, to help and maintain the proper safety and security of the staff members and the residents of the juvenile detention center.

- Review of prior sexual victimization or abusiveness as part of the criteria looked at for placement in a certain risk group. Other criteria that are involved in placement decisions include conversations with the resident during intake, medical and mental health screenings, reviewing court records, case files, and past behaviors in the facility.
- Resident File Reviews: Residents' files were checked to ensure the risk assessment form is in the file and the housing placement is documented at the bottom of the form. All housing assignments were documented at the bottom of the risk assessment, then checked by medical and mental health, and then the final placement group is documented. During Corrective Action, residents were reassessed every three months, per the policy and practice change. Reassessments are a part of this audit's documentation for practice.

ACJCS PREA Policy 7-2 Phase Program:

Purpose: To ensure that residents are placed in appropriate programs and have access to their handbooks so they can review their rights and responsibilities.

Upon placement, in detention, all juveniles will be placed in the appropriate programs. During their entire stay in detention, residents will be provided with the resident handbook.

Procedures: Program groups are divided into five groups: low-risk boys' group, high-risk boy's group, girls' group, drug and alcohol treatment, and behavior management group.

#3: Group placement is determined by the number of times the juvenile has been in detention; the seriousness of the juvenile charges; juveniles previous behavior in detention; juveniles age, maturity level, and size; level of emotion and cognitive development; prior sexual victimization or abusiveness; juveniles gender; 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; detention staff's observation of the juvenile; a court order; major rule violations during their stay.

#4: LGBTI residents shall not be placed in particular housing, bed, or other assignments solely based on such identification or status; housing and program assignments of transgender or intersex residents will be decided on a case-by-case basis; a transgender or intersex resident's own view concerning their own safety shall be given serious consideration; placement and programming assignments will be reassessed to review any threats to safety experienced by the resident.

Incident Report Review: A review of incident reports confirm that no resident was placed in isolation for risk of sexual victimization, and so there were zero records to review or residents to interview.

Interviews:

The Mental Health staff interviewed confirmed that they meet with the new resident to conduct the MASI (suicide risk assessment). In addition, they meet with each new resident to review the information and assist in determining risk and ensure that the resident is not placed with abusers/victim-whichever is the case. The interviewee noted that they have high and low-risk units for the male residents, as well as all residents housed in individual rooms. Other residents are not allowed

into another resident's room and the rooms are locked to ensure this does not happen. In addition, mental health staff has input on the risk of the resident and housing and group placement for education and programming.

Additional Staff and management interviews confirm that the housing /programming assignment is put on the Risk Assessment Form at the end of intake, after all, assessments, file reviews, and documentation are reviewed and placed into the resident's case file. In addition, medical and mental health reviews the placement for housing and programming and documents the final determinations on the bottom of the review form, signed by both medical and mental health practitioners.

Site Review observations

This included observation of housing/programming placements for residents in the five groups, to include individual rooms for each resident. All resident rooms are single cells/rooms within the below placement groups.

Program groups are divided into 5 groups:

Low-risk boys' group

High-risk boys' group

Girls group

Drug and alcohol treatment

Behavior management group

During Corrective Action: All residents were moved to pods 4 and 5, due to changes in staffing ratios, and COVID staffing shortages. The detention population was reduced to 14 residents to ensure adequate staffing ratios for residents and ensure residents' safety.

Corrective action was completed on standard 115.341 policy, processes, and risk assessment form to ensure the information gathered was accurate and compliant. The changes enabled ACJCS/ACJD to use more accurate information for housing and programming assignments.

ACJCS/ACJD is compliant with standard 115.342a

115.342B 1,2,3,4,5: Compliant

115.342 B: Standard Requirement: "Residents may be 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 resident's safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible."

The following describes the evidence used to determine compliance:

PREA Policy 7-9, section 2v: "A resident may also be housed away from other residents for non-disciplinary reasons to ensure the safety of the resident or other residents: v: to protect a resident who has been the victim of sexual abuse or harassment by another resident or staff, is in fear of retaliation for reporting, or in fear of retaliation for cooperating with the investigation of an incident or sexual abuse harassment. 1) the use of room confinement for victims of sexual abuse will only be used as a last resort. Staff will first consider rehousing the juvenile or making programming changes as appropriate. 2) the victim's own views of their safety will be taken into consideration, 3) these residents will only be housed separately when no other alternative is available and will be done on a case-by-case basis. 5) All residents housed away from other residents for non-disciplinary reasons shall be reviewed at least weekly to see if they can rejoin the general population, 6) an incident report will be completed whenever a resident is confined away from the other residents."

The ACJCS Detention Policy 7-9, section 3 complies with these standard requirements. It contains all standard requirements to protect residents at risk for sexual victimization-including that the resident can only be placed in isolation as a last resort, only if less restrictive measures are inadequate to keep them or other residents safe, only after all other alternate means of keeping facility resident's safe can be arranged. It also lays out procedures for what staff will consider before isolation is used.

PREA Policy 7-9, section 3: "Residents housed separately for non-disciplinary issues shall have the same amount of time out of their rooms as residents on a regular program. Based on security needs this may be done with another group of residents or by themselves. Residents placed in isolation for non-disciplinary issues shall be allowed out of their room to shower, attend school, attend physical education, receive medical treatment, receive psychological/psychiatric testing and counseling, appear in court, and receive visits from their probation officer, caseworker, parent/guardian, attorney, and clergy."

Policy 7-9, section 3 complies with the policy requirement of this standard by requiring residents who are housed away from

other residents, for non-disciplinary issues, to have the same time out of their room as other residents. It lays out procedures to ensure this occurs—done with another group, besides the one they are normally assigned to, of residents of by themselves, depending on security concerns. This includes the right to shower, attend school, attend physical education, receive medical treatment, mental health assessments, testing, or counseling, appear in court, and receive visits from their probation officer, caseworker, parent/guardian, attorney, and clergy.

PREA Policy 7-9, section 5-6: All residents housed away from other residents for non-disciplinary reasons shall be reviewed at least every week to see if they can rejoin general population" 6: "An incident report will be completed whenever a resident is confined away from other residents.

PREA Policy 7-9, section 5-6 covers the requirement that residents placed, under the above policy, are reviewed at least weekly to rejoin the general population and the placement away from other residents be documented in an incident report.

Incident Report Review: A review of incident reports confirm that no resident was placed in isolation for risk of sexual victimization, and so there were zero records to review or residents to interview.

Pre-Audit Questionnaire: Zero residents at risk who were placed in isolation in the last 12 months

Staff daily resident list and information: a list of current residents and includes any no-contact information.

Policy/Paperwork Compliance Assessment:

The above policies and documentation are compliant with the requirements of this standard: to require agency and facility staff to ensure residents, who are at risk of sexual victimization, are isolated from others only as a last resort, that all less restrictive measures are explored before the isolation—and isolation is only used until an alternative can be arranged. In addition, to require that during any such isolation, residents have exercise, education programming, or special education services. Also, requiring daily visits from a medical or mental health clinician during this isolation.

In addition, the Pre-audit questionnaire and the Incident Report review confirm documentation of zero residents placed in isolation for risk of sexual victimization.

Practice and Integration into Culture:

Interviews confirmed the following practices are in place and understood:

Medical and mental health staff visit residents in isolation at least daily.

All residents in isolation have random room checks within 15 minutes – or more often if required. Residents attend school, programming, privileges, and exercise with a certain risk group or several different ones if needed for safety.

Each resident has their room, and zero residents have been placed in isolation for risk of sexual victimization or isolated to their own room for this.

Staff interviews confirmed that they are aware of the policy and practice required if a resident is placed in isolation for risk of sexual victimization. The requirements for residents to receive the same services they would if they are not in isolation, and the need to include them in groups for education, exercise, programming, and privileges where they are safe—even if this involves scheduling them in multiple groups or some individual services.

In addition, interviews confirm that each staff has a list of current residents and it includes any no-contact information to ensure residents, ensure at-risk residents are not in contact with each other or have increased supervision.

There were zero residents in isolation for risk of sexual abuse, so no isolated resident interviews were conducted.

Interviews about practice included: PC; Risk Screening Staff; Detention Manager; Staff who supervise residents in detention; Medical and Mental Health Staff, Assistant Detention Manager.

115.342b Compliance Determination:

Interviews confirm staff understands the requirements of this policy and the practice of providing services to residents who are in isolation for risk of sexual victimization, and documentation requirements of filling out an incident report anytime a resident are isolated for risk of sexual victimization. Additionally, interviews confirmed that youth in isolation receive visits from medical/mental health at least once a day, and this would be true for residents in isolation for risk of sexual victimization.

Documentation of services provided and medical/mental health visits, as well as room checks, for residents in isolation, are documented in the well-being log as they would be for any resident in isolation for risk of sexual victimization.

Finally, policy/paperwork and practice are in staff education (see standard 115.331), facility practices for residents in isolation, and in the understanding of actions to be taken- when residents are in isolation for risk of sexual victimization and

non-disciplinary issue.

The above policies, documented evidence, sources, and practices are ingrained into the facility culture, as confirmed by review of policy/procedures and documentation, on-site observations, interviews, and site review, post-site triangulation of all information and evidence.

ACJCS/ACJD is compliant with part (b) of standard 115.342.

115.342 C Compliant

Standard Requirement: "Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of the likelihood of being sexually abusive."

The following describes the evidence used to determine compliance:

PREA Policy 7-2, section 4: "Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, no shall ACJCS consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of the likelihood of being sexually abusive." Housing and program assignments of transgender or intersex residents will be decided on a case-by-case basis as to whether the placement would ensure the resident's health and safety, and whether the placement would represent management or security problems. A transgender or intersex resident's own view with respect to their own safety shall be given serious consideration; placement and programming assignments will be reassessed to review any threats to safety experienced by the resident."

Pre-Audit Questionnaire: States that the facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents, in particular, housing, bed, or other assignments solely based on such identification or status; and, that the facility prohibits considering LGBTI identification or status as an indicator of the likelihood of being sexually abusive.

Interviews: PC; Risk Screening Staff; Detention Manager; Staff who supervise residents in detention; Medical and Mental Health Staff, Assistant Detention Manager.

Interviews confirm that every resident has an individual, locked room and is not placed according to their status or identification as LGBTI. Residents are placed according to the information gathered at intake and risk level; however, interviews also showed clearly that most staff are uncomfortable with asking residents about identification or status as LGBTI, and do not make a subjective and objective assessment, as required during intake, to assist in the identification of risk level.

Resident interviews confirmed that they were not asked, as part of intake about their LGBTI status or identification. Two interviewees self-identified as bi-sexual, during interviews, when this auditor affirmed that, "it was ok to be who you are"; however, this information is important, for the facility to know, because of heightened vulnerability for LGBTI residents. These residents' risk level did not include this self-identification- on the Risk Assessment of Victimization and/or Sexually Aggressive Behavior Forms.

Risk Assessment of Victimization and/or Sexually Aggressive Behavior Forms: for all current residents. Residents are not asked directly about their self-identification or status as LGBTI and were not included in the scoring of this assessment. In addition, the risk assessment lacked the objective and subjective assessment of gender non-conforming status and perceived status. This assessment has a question about gender non-conforming appearance, and during corrective action was edited to include asking the resident directly about his/her identification as LGBTI.

115.342c Compliance Determination:

Policy/Paperwork:

ACJCS policy, 7-2. section 4, Phase Program, is compliant with the requirements of standard 115.342c. It prohibits placing any LGBTI resident in particular housing, bed, or other assignment based on such identification or status. It also prohibits considering LGBTI identification or status as an indicator of being sexually abusive.

In addition, the Pre-Audit Questionnaire, filled out by ACJCS, confirms that ACJCS Detention prohibits placing lesbian, gay, bisexual, transgender, or intersex residents, in particular, housing, bed, or other assignments solely based on such identification or status; and, that the facility prohibits considering LGBTI identification or status as an indicator of the likelihood of being sexually abusive.

Practice/Culture:

After corrective action, the completed Risk Assessment of Victimization and/or Sexually Aggressive Behavior Forms, reviewed by this auditor, confirms that a subjective and objective review of status or identification as LGBTI, or gender non-

conforming appearance or manner, is completed as a part of this assessment, and is a part of the final determination of at risk for victimization or sexually aggressive behavior.

Interviews confirm that every resident has an individual, locked room and is not placed according to their status or identification as LGBTI. Residents are placed according to the information gathered at intake and risk level.

Resident Interviews: Two interviewees self-identified as bi-sexual, during auditor on-site interviews when this auditor affirmed that it was ok to be who you are; however, this information is important, for the facility to know, because of heightened vulnerability for LGBTI residents. These self-identified bi-sexual residents' risk level did not include this self-identification on the Risk Assessment of Victimization and/or Sexually Aggressive Behavior Forms.

During Corrective Action, a change to the Risk Assessment form to include a question about self-identification as LGBTI, and staff training to ensure staff is comfortable asking residents about this status was completed.

Staff interviews confirmed that any identification of resident status as LGBTI would never be considered as an indicator of the likelihood of being sexually abusive.

115.342 D, E, F: Compliant

D: Standard Requirement: "In deciding whether to assign a transgender or intersex resident to a facility for male or female residents and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety and whether the placement would present management or security problems."

E: Standard Requirement: "Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident."

115.342 f: Standard Requirement: "A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration."

PREA Policy 7-2, section 4: b) A transgender or intersex resident's own views with respect to their own safety shall[CM1] be given serious consideration.

PREA Policy 7-2, section 4: a): Housing and program assignments of transgender or intersex residents will be decided on a case-by-case basis as to whether the placement would ensure the resident's health and safety, and whether the placement would present management or security problems."

Review of Transgender residents' placements: A review of three Transgender residents' placements, at ACJD, confirmed that residents' preferences for searches and placement were taken into consideration when making these determinations. In addition, their risk assessment scores for vulnerability for victimization were also used to assist in this process. Of the three placements, each was completed on a case-by-case basis and each placement decision was different, based on individual circumstances.

Interviews:

PC; Risk Screening Staff; Detention Manager; Staff who supervise residents in detention; Medical and Mental Health Staff, Assistant Detention Manager. Interviews confirm that every resident has an individual, locked room and is not placed according to their status or identification as LGBTI. Residents are placed according to the information gathered at intake and risk level.

Resident interviews confirmed that they were not asked, as part of intake about their LGBTI status or identification. Two interviewees identified as bi-sexual, during interviews when this auditor affirmed that it was ok to be who you are.

During Corrective Action, the Risk Assessment tool was edited to include a question asked of residents about identification as LGBTI, and staff were trained on the policy edit and assessment tool additions.

115.342 g: Compliant

Standard Requirement: "Transgender and intersex residents shall be given the opportunity to shower separately from other residents."

On-site review: individual showers are made available for every resident. There are no circumstances when more than one resident showers at the same time.

Interviews: Staff and Residents: 100% of staff and residents interviewed confirmed that every resident showers separately and privately.

115.342 H: Compliant

Standard Requirement: "If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged."

The following describes the evidence used to determine compliance:

Pre-Audit Questionnaire: states there have been zero residents, at risk of sexual victimization, who were held in isolation in the last 12 months.

Staff interviews: 100% of staff interviewed confirmed that there have been zero residents held in isolation for risk of sexual victimization. Each resident has their own room. In addition, staff confirmed that if a resident were isolated, due to being at risk for sexual victimization, an incident report would be completed to document the basis for the concern for the resident's safety and why alternative means of separation cannot be arranged. Staff was clear that ACJD has many areas and alternatives for placement, other than isolation cells.

Resident Records: Incident reports, and isolation records, confirm that zero residents were isolated for risk of sexual victimization.

On-site Review: The on-site review, this auditor conducted, documented that each resident has their own locked room, and no other residents have the opportunity or are allowed in any other resident's room. This greatly alleviates the need for the use of isolation when a resident is deemed at risk for sexual victimization. This auditor noted the many different sections of this facility that could be used to reassign residents' rooms, to ensure they are not on the same unit, group, or activity as another resident who is sexually aggressive.

115.342 i: Exceeds Compliance.

Standard Requirement: "Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population."

The following describes the evidence used to determine compliance:

PREA Policy 7-9, section 5: "All residents housed away from other residents for non-disciplinary reasons shall be reviewed at least on a weekly basis to see if they can rejoin the general population; section 6: an incident report will be completed whenever a resident is confined away from the other residents."

Policy 7-9, section 5 Compliance assessment: This policy is compliant with the 115.342i standard section. The standard required review of every resident isolated, for risk of sexual victimization, to be reviewed every 30 days to determine if there is a continuing need for separation. ACJCS requires those residents to be reviewed at least weekly. This policy exceeds the requirements of this standard.

Interviews: Staff interviews confirm that there have been zero residents placed in isolation, for risk of sexual abuse. 100% of staff were able to explain the review process, for residents placed in isolation for non-disciplinary reasons. 100% of staff also confirmed that they could not think of a reason to place residents in special isolation cells for this reason, as every resident has their own rooms, and the facility has multiple placement options within the facility to move residents to another room for safety reasons and could not think of a reason to use isolation cells, off units, for this purpose.

ACJCS/ACJD is compliant, after corrective action, with standard 115.342.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Standard 115.351 – Resident Reporting</p> <p>Compliance Assessment: Compliant</p> <p>Standard Anacronyms used in this standard report:</p> <ul style="list-style-type: none"> • PC: ACJCS PREA Coordinator • ACJCS Ada County Juvenile Court Services • ACJD: Ada County Juvenile Detention (audited facility) • OAS: Online Audit System (DOJ) • AAFV: Advocates Against Family Violence • MOA: Memorandum of Agreement <p>Documentation Reviewed for Compliance: ACJCS PREA Policy 5-1, section 13; ACJCS PREA Policy Section 15; Resident Rights Form; Resident Comprehensive Education: PREA Basics Juvenile Education PowerPoint; The Resident Handbook; Resident Files; Grievance Procedure; DOJ Clarifications; revised Policy 5-1:</p> <p>Interviews: Random Staff, Residents, PC, Residents who reported sexual abuse, AAFV-outside reporting source</p> <p>Site Review Observations: The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: interviews-of staff, residents, the ACJCS PREA Coordinator (PC) and management, ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p>115.351 a, b: Compliant</p> <p>PREA Standard Requirements:</p> <ul style="list-style-type: none"> • <i>a: "The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents."</i> • <i>b: "The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents 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."</i> <p>The following describes how the evidence below was used to determine compliance:</p> <p>A: Audit requirement: <i>"The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about • sexual abuse and sexual harassment; • retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND • staff neglect or violation of responsibilities that may have contributed to such incidents."</i></p> <p>Policy:</p> <p>ACJCS PREA Policy 5-1, section 13: "Residents will be informed of methods of safely reporting sexually prohibited behavior: Residents Rights form they complete during intake will explain their rights and responsibilities and ACJCS's zero-tolerance policy; The Resident Handbook-explains how to report sexual abuse and sexual harassment as well as a list of outside agencies they may contact for support; Resident training-completed within 10 days of intake and including zero tolerance, how to report sexual abuse and sexual harassment, right to be free from retaliation, agency policy in responding to such incidents."</p> <p>ACJCS PREA Policy 5-1 Section 15 PREA Policy: "Juveniles may report sexual abuse or sexual harassment through the following means: informing staff directly; using the grievance process; PREA hotline on the resident phone. system; calling or writing the Advocates Against Family Violence (AAFV) hotline on the resident phone system."</p> <p>Policies Compliance Assessment: Compliant, after corrective action:</p> <p>The requirement of providing multiple internal ways to privately report sexual abuse and sexual harassment is compliant;</p>

however, it does not include reporting of retaliation, by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to such incidents.

During Corrective Action:

ACJCS/ACJD revised PREA Policy 5-1, section 15, to include the ability of residents to “report retaliation by staff or resident, staff neglect or violating their responsibilities that may have contributed to such incidents.”

In addition, under the Procedures section, the following was added to procedures 2 and 3:

- 2) All staff, volunteers, and contractors are required to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that has occurred in the facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation to the Shift Supervisor, Assistant Detention Manager, Detention Manager, or Director of ACJS. a) ACJS staff will accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.
- 3) All staff, volunteers, and contractors are required to immediately report any knowledge, suspicion, or information that a resident, volunteer, contractor, or staff member is being retaliated against for reporting an incident of sexual abuse or harassment and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation to the Shift Supervisor, Assistant Detention Manager, Detention Manager, PREA Coordinator, or Director of ACJS.

Staff training was completed on this policy revision and the curriculum and staff statements of understanding are included in this audit documentation.

115.351b:

The ACJCS PREA Policy 5-1, Section 15 is compliant with including the outside reporting agency, AAFV. This is an outside, private agency and ACJCS and AAFV have a Memorandum of Agreement for AAFV to be ACJCS outside reporting agency.

Resident Rights Form:

During intake, the Resident Rights Form is given to the new resident to read and sign understanding and date. This includes the right to be free from sexual abuse and sexual harassment, the responsibility to report directly to staff or through the grievance procedure.

Youth sign and date this form and indicate they understand their rights and responsibilities and have had the grievance procedure explained to them. This form is read to the resident at intake and the staff ensures the resident understands it before signing and dating it.

Resident Comprehensive Education:

- PREA Basics Juvenile Education PowerPoint: contains the following: what is PREA; Juvenile Rights-free from sexual abuse and sexual harassment, right to be free from retaliation for reporting, right to a thorough investigation of reported PREA allegations and protected for reporting; Zero-tolerance and what it means; What sexual abuse or harassment is; No such thing as consensual; Prevention of sexual abuse or sexual harassment—report to staff you trust, counselor, shift supervisor, PO, grievance, dial 9 on the resident phone (hotline to PC; Process for investigating sexual assault flow chart; things to keep in mind; Quiz
- File Review included: small group comprehensive resident education documentation; statements of acknowledgment and understanding of PREA education; sticker on file for comprehensive education completed; resident rights and responsibility forms-signed and dated. Included in files and documentation uploaded for all interviewed residents.
- Residents interviewed identified reporting sources as grievance form, staff, counselor, medical, mental health, management, supervisors, parents, probation officer, and by phone. Most residents knew the resident phone has one-touch numbers to use, including “9” for the hotline, and “0” for the outside reporting source.

During corrective action, staff was retrained on conducting the resident comprehensive education, and statements of understanding were uploaded to this audit documentation.

The Resident Handbook:

- The resident handbook is given to residents at intake. It provides additional information to residents and resources for reporting. These include by phone to parents/guardians, by mail, and through the grievance form, and in the resident’s rights section this handbook gives then information on using of the resident’s phone to report-dial 9 for the hotline, dial 0 for the advocate, and to make an outside report. In addition, it summarizes the grievance procedure.

- Outside Reporting Source-AAFV (115.351b)
- MOA agreement between ACJCS and AAFV. AAFV will provide staff to receive, process, and act upon all calls from ACJCS detainees or ACJCS staff, using a 24-hour rape crisis hotline number. Per protocol, the AAFV will immediately notify the Idaho Department of Health and Welfare (Child Welfare) and, if the call is from a detainee, the ACJCS Detention Manager (or designee), thereby complying with the mandatory reporting provisions of Idaho Code 16-1605. Ada County agrees to pay AAFV Twenty-five and 00/100 Dollars (\$25) per hour for services rendered pursuant to this Agreement, plus standard mileage. AAFV performs this Agreement as an independent contractor and as such shall maintain complete control over all its employees and operations. Neither AAFV, nor anyone employed by it, shall represent, act, purport to act, or be deemed to be the agent, representative, employee, or servant of the County.
- AAFV-Ada County Juvenile Court Services Sexual Assault Flow Chart attached to the MOA, listed above. The chart shows that if the ACJCS detainee calls AAFV and reports an incident; AAFV notifies IDHW (Child Welfare) and Detention. At that point, ACJCS calls 91 and notifies for medical and Law Enforcement Assistance. Law enforcement conducts an initial interview if the crime committed- detective engaged. The detective calls St Alphonsus hospital and requests a SAFE nurse (expected response 30 minutes or less). At that point, ACJCS contacts the AAFV hotline and asks to be connected to an advocate for an ACJCS sexual assault PREA exam (response 30 minutes or less). Also has a protocol for off-duty hours advocate contact for response in 60 minutes or less. AAFV provides advocates for examination and interview and continues advocacy for victims through investigation and civil/criminal trials or appeals. ACJCS, with parental consent, refers the victim to Warm Springs Counseling for ongoing mental health support services.

Site Review/Observations:

- Each unit and day room had resident phones, that could be accessed during resident free time. These phones had tiny charts that told residents how to call the three "one number" free calls provided by ACJCS. 0-AAFV, 9-Hotline to PC, 4- Warm Springs Counseling.
- Flyers/posters for the advocate service, outside reporting source, hotline, and emotional support services were not posted on units, readily noticeable on units, or in basic language, large letters, 5th-6th grade reading level, or other disability accommodations.

During Corrective Action: All posters and flyers were revised to basic language, spaced out the wording, and updated information. They were posted in all units and the information was included in residents and staff training. Copies of all information posted are included in this audit, and statements of understanding from both staff and residents are included in audit documentation.

Interviews: Interview of AAFV staff (Advocates Against Family Violence) a nonprofit Idaho corporation confirmed a Memorandum of Agreement (MOA) between AAFV and Ada County. This agreement has been in existence since June 27, 2017, and most recently was updated on September 7, 2019. Staff interviewed confirmed that AAFV is the outside reporting source for ACJCS and if they receive a call from ACJCS reporting sexual abuse or sexual harassment, they report to child welfare and ACJCS. The AAFV staff confirmed that if AAFV receives a call from ACJCS, detainee, or staff, it reports the allegation to Child Welfare and the ACJCS Detention facility director, or on-call designee. ACJCS and AAFV call law enforcement. All services provided under this MOA are paid by ACJCS at a rate of \$25 an hour. This was disclosed due to the question asked about the confidentiality of rape crisis centers and the use, or loss of their funding for reporting these allegations if the reporter does not want it reported. AAFV staff was clear that under Idaho law, they are required to report all sexual allegations made by minors. AAFV staff complete PREA Volunteer/contractor training with ACJCS and all background checks. Staff reported that they have not been asked to provide training to staff at ACJCS but would be glad to do this. AAFV staff have completed tours of ACJCS and have conducted teen groups-Healthy Relationships Class. AAFV staff interviewed stated they have not received any calls from ACJCS; however, they do provide flyers for ACJCS.

Assessment of Compliance of Outside Reporting Source:

ACJCS has an MOA with Advocates Against Family Violence (AAFV) to provide the required outside reporting source. Interviews confirm that AAFV is available 24/7 to take calls from ACJCS detainees and immediately report back to the facility and Child Welfare any reports received. They also take anonymous calls and report back to the facility and Child Welfare. As an advocate agency, they cannot use their funding to take these calls; however, under an MOA with ACJCS, they are paid \$25. an hour for any services provided under this agreement. AAFV staff was clear that Idaho law requires them to report any abuse reported by minors. AAFV staff complete PREA Volunteer/contractor training provided by ACJCS. They reported receiving zero calls with reports from ACJCS residents.

ACJCS is compliant with having an outside reporting source.

B2: ACJCS residents are not detained solely for civil immigration purposes.

115.352 C: Compliant

Standard Requirement:

- *Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.*

The following describes the evidence used to determine compliance:

- PREA Policy 5-1, Procedures section 2: All staff, volunteers, and contractors are required to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment, that has occurred in the facility, whether or not it is part of the agency, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation, to the shift supervisor, Assistant Detention Manager, Detention Manager, or Director of ACJCS. section 14: Third-party reports will be received by the PREA Coordinator through the PREA number 1-208-577-4808. Section 17f: The Detention Manager or designee will direct staff to call law enforcement as needed.
- Interviews: Random Staff

Compliance assessment:

This policy, 5-1, section 2, does require staff, volunteers, and contractors to immediately report “any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment, that has occurred in the facility, whether or not it is part of the agency....”

Interviews confirm that all staff immediately report any reports they receive, verbally, in writing, anonymously, and from third parties. 100% of staff interviewed confirmed that they report all suspicions, knowledge, or information they receive, from any source, regardless of the source being identified. In addition, confirmed their knowledge and action to ensure those reports are completed on an ACJCS incident report immediately, and at the latest, before the shift ends.

115.351 D: Compliant

Standard Requirement: *“The facility shall provide residents with access to tools necessary to make a written report.”*

The following describes the evidence used to determine compliance:

- ADA County Juvenile Detention Handbook: Page 9: report to a staff member immediately; grievance; dial 9 on the resident phones to make a report; Dial 0 on the resident phones to speak with the Advocates Against Family Violence to make a report.
- Site Review/Observations: Grievance forms and lockbox on all units and day rooms. Resident Phones with one number free calls, including 9-for the hotline to the PREA Coordinator, and 0-for AAFV outside reporting source. Resident Handbooks in resident rooms and given out to new or returning residents at intake.
- Interviews: PC, Residents

115.351 E: Compliant

Standard Requirement: *The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.*

The following describes the evidence used to determine compliance:

- Pre-Audit Questionnaire: Policy: 5-1.2 staff are required to report any of the following: shift supervisor, detention manager, assistant detention manager, PREA coordinator, or director of ACJCS.
- PREA Training and yearly refresher training reviewed in standard 115.331 covers staff reporting.
- section 14: Third-party reports will be received by the PREA Coordinator through the PREA number 1-208-577-4808. Section 17f: The Detention Manager or designee will direct staff to call law enforcement as needed.
- Training and acknowledgment/understanding forms in 115.331.
- Interviews: Random Sample of Staff: Interviews confirm that 100% of staff interviewed have been trained, understand, and can report privately, sexual abuse and sexual harassment by reporting up the command chain. They confirmed that they would go above the head of any staff that is alleged to be involved in the incident, to the staff above them in the command chain. All staff also confirmed that they can report to the PC, or agency director. In addition, can call and report to law enforcement; however, no staff felt that they would have to do that, before reporting to an upper chain of command.

Additional Documentation used to determine compliance:

Interviews:

100% of staff interviewed confirmed that the ways a resident can report sexual abuse or sexual harassment are to any staff, counselor, supervisor or management staff, parents/guardian, medical or mental health professionals, attorney, and probation officer. In addition, residents can report using a grievance form and with the resident phone-dial 9 for hotline free or call their parents/guardians.

Staff quickly indicated that they could probably use a grievance form and not put their name, or by phone to the hotline. All staff knew that residents could privately and confidentially report sexual abuse or sexual harassment on the resident phone as it is used for all resident phone calls to parents/guardians, the hotline, and several one-touch lines.

Staff was aware of the right and responsibility of residents to report any retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and any staff neglect or violation of responsibilities that may have contributed to such incidents. Staff reported being aware of their responsibility to monitor for retaliation and report any staff neglect or violation of responsibilities that may have contributed to such incidents.

Interviews also confirmed that residents read and sign the Residents Rights Form, at intake that includes the zero-tolerance policy and the right to report sexual abuse and sexual harassment; have comprehensive PREA education given each Saturday for new or returning residents, that includes zero tolerance and ways to report; given the Residents Handbook, at intake and keep it in their room, and it includes ways to report and zero tolerance, and have one-touch numbers on the resident phone to report sexual abuse or harassment.

Residents interviewed identified reporting sources as grievance form, staff, counselor, medical, mental health, management, supervisors, parents, probation officer, and by phone. Most residents knew the resident phone has one-touch numbers to use.

When asked about PREA education at intake, most were sure when they received a more thorough PREA training after intake-except for the refresher training they received the night before this auditor interviewed residents at the on-site visit. Residents did remember meeting with mental health, at intake, and being asked some of the PREA required questions this auditor asked them from standard requirements.

Management interviews confirmed the development of a rigorous education process for residents. A Rights and responsibilities Form residents sign and read at intake including zero tolerance and reporting, receiving at intake the Resident Handbook that includes reporting and zero tolerance, Agency PREA policy to provide multiple ways to report and an outside reporting source of AAFV – private outside agency residents can reach by dialing “0” on the resident phone, a PREA comprehensive PowerPoint training to be given every Saturday to new and returning residents with required reporting and zero-tolerance information plus more, documentation and acknowledgments of understanding for the comprehensive training, and a resident phone system that has three “one number” auto connections to 0-outside reporting source, 9-hotline to the PREA Coordinator, and 4-the emotional support service.

Interviews were also very clear that ACJCS Detention does not detain residents solely for civil immigration purposes.

Interview of AAFV staff (Advocates Against Family Violence) a nonprofit Idaho corporation confirmed a Memorandum of Agreement (MOA) between AAFV and Ada County. This agreement has been in existence since June 27, 2017, and most recently was updated on September 7, 2019. Staff interviewed confirmed that AAFV is the outside reporting source for ACJCS and if they receive a call from ACJCS reporting sexual abuse or sexual harassment, they report to child welfare and ACJCS. The AAFV staff confirmed that if AAFV receives a call from ACJCS, detainee, or staff, it reports the allegation to Child Welfare and the ACJCS Detention facility director, or on-call designee. ACJCS and AAFV call law enforcement. All services provided under this MOA are paid by ACJCS at a rate of \$25 an hour. This was disclosed due to the question asked about the confidentiality of rape crisis centers and the use, or loss of their funding for reporting these allegations if the reporter does not want it reported. AAFV staff was clear that under Idaho law, they are required to report all sexual allegations made by minors. AAFV staff complete PREA Volunteer/contractor training with ACJCS and all background checks. Staff reported that they have not been asked to provide training to staff at ACJCS but would be glad to do this. AAFV staff have completed tours of ACJCS and have conducted teen groups-Healthy Relationships Class. AAFV staff interviewed stated they have not received any calls from ACJCS; however, they do provide flyers for ACJCS.

ACJCS is compliant with standard 115.351, after corrective action.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 879 297">Standard 115.352 – Exhaustion of Administrative Remedies</p> <p data-bbox="240 329 544 356">Compliance Assessment: N/A</p> <p data-bbox="240 387 655 414">Anacronyms used in this standard report:</p> <ul data-bbox="280 468 852 562" style="list-style-type: none"> • PC: ACJCS PREA Coordinator • ACJCS: Ada County Juvenile Court Services • ACJD: Ada County Juvenile Detention (audited facility) <p data-bbox="240 591 695 618">Documentation Reviewed for Compliance:</p> <p data-bbox="240 647 1153 674">Interviews: PREA Administrative Investigator; Asst. Detention Manager, residents, staff, PC</p> <p data-bbox="240 703 1469 831">Site Review Observations: The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: interviews of staff, residents, the ACJCS PREA Coordinator (PC) and management, ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p data-bbox="240 860 365 887">115.352 a1:</p> <p data-bbox="240 918 1430 981">Audit requirement: <i>The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. (if no, go to standard 115.353)</i></p> <p data-bbox="240 1010 1477 1104">ACJCS does not have an administrative(grievance) procedure for dealing with resident grievances regarding sexual abuse. Residents may use the “grievance form” to report allegations of sexual abuse or sexual harassment, as an additional way to report; however, the grievance procedures do not apply to these reports.</p> <p data-bbox="240 1133 320 1160">Policy:</p> <p data-bbox="240 1191 963 1218">ACJCS PREA Policy 4-5, Procedures 1, a-c: section 6 a-e: section 7 a-b</p> <p data-bbox="240 1249 1490 1476">Section 1: Grievance forms are in each pod and in the dayroom. 1a: detention officers may assist residents in completing a grievance form-if requested, or shall provide a resident with private space and materials to complete the grievance form. 1b: Resident can submit the form into a lockbox in each pod and dayroom. 1c: lockboxes are checked daily by the Detention Manager (DM), Assistant Detention Manager (ADM)-during the week; One of the listed management staff checks the lockbox with the shift manager to ensure the grievance is not submitted to or referred to a staff member who is the subject of the complaint; if the grievance is about the DM or ADM, the shift supervisor on duty or their designee that is accompanying them will take charge of the grievance and deliver it to the Director of ACJCS.</p> <p data-bbox="240 1507 743 1534">Auditor Assessment of procedure 1, section 1:</p> <ul data-bbox="280 1588 1490 1883" style="list-style-type: none"> • Section 1 is part of the procedures ACJCS developed for dealing with resident grievances. This procedure explains where residents can locate grievance forms; can assist residents in completing a grievance if requested, provide private space and materials to complete the grievance form, and where (lockbox) to submit the grievance. • In addition requires what management staff check the locked grievance box, how often the lockboxes are checked (daily), as well as the requirement that the ACJCS designated staff ensure the grievance is not submitted to or referred to a staff member who is the subject of the complaint. • This section illustrates why residents may use the grievance form to report sexual abuse or sexual harassment—locked box, can report confidentially or anonymously, the box is checked daily, and there is a place on this form to signify that this report is an emergency. <p data-bbox="240 1912 764 1939">Section 6: ACJCA Policy 4-5 Procedures: Section 6:</p> <ul data-bbox="280 1993 1490 2152" style="list-style-type: none"> • “Any grievance alleging sexual abuse or sexual harassment of a resident shall result in the immediate notification of the Detention Manager. The Manager will consult with the Director of ACJCS and the PREA Coordinator. The grievance will be pulled from the normal grievance procedure and will be handled by a trained PREA investigator as per policy 5-2. A copy of the original grievance and any subsequent investigation reports shall be forwarded to the Ada County Juvenile Court Services Director by the Detention Manager.

Auditor Assessment of procedure 6,

- Section 1: Section 6 is part of ACJCS administrative procedures developed for dealing with resident grievances. This section addresses any allegations/reports of sexual abuse or sexual harassment received on a grievance form. This section clarifies that these reports/allegations are immediately removed from the grievance procedures and handled as an abuse report according to ACJCS PREA Policy 5-2.

Interviews: The Assistant/Detention Manager (or management designee) reviews grievances to determine if there is a sexual component and additionally conducts an interview to ensure if there are further information/allegations that qualifies as sexual abuse/harassment.

Assessment: Grievances that got a review/interview to ensure no sexual behavior and handled as grievances.

- 11/11/2020: Grievance only asked for someone to come talk. The response was made to the resident on 11/13/2020 – not an allegation of sexual abuse/harassment, just about separation from another resident.
- 7/19/2020: grievance involved comment another resident made. The response was made in writing 7-21-2020-not sexual harassment, handled with talking and suggestions of what residents can do.
- 1/24/2020: grievance involved not getting to see the counselor as often as requested (only 3 times in two weeks). The response included a meeting and discussion, as well as a counselor visit to clarify that another counselor had been assigned, due to programming.

Pre-Audit Questionnaire: States that there have been three grievances that were filed that were reviewed as possibly alleging sexual behavior; however, all three grievances were determined to have no report of sexual abuse or sexual harassment.

One prior Grievance form was received with alleged sexual conduct: It alleged sexual harassment.

- 19-03-Grievance dated 1 day before incident report created and investigation instituted. This grievance allegation was removed from the normal grievance process and handled by the Asst. Detention Manager/PREA Administrative Investigator. An incident report was created, and an investigation was completed.
- Incident Report Created: 19-03 – created the day the report was received by the facility.
- PREA Juvenile Interview Form: 19-03 – interviews of all parties named, conducted within two days of the report.
- Written statements: 19-03 – Statements completed the day the allegation was made.
- PREA Administrative Investigation Report — for grievance allegations/report: 19-03: 2019: Administrative Investigation completed 7 days after the allegation was reported. This report included documentation of separation of the alleged perpetrator and alleged victims by moving the alleged perpetrator to another unit.
- Notification of Investigation: 19-03 – notice of the finding of investigation (unsubstantiated), signed, and dated by the resident and the staff. Dated the same day as investigation initiated.
- **Compliance Assessment:** N/A for having an administrative procedure for handling sexual abuse and sexual harassment allegations.
- Residents may use the grievance form to report sexual abuse or sexual harassment, both confidentially and anonymously; however, this report is not handled within the administrative (grievance) procedures.

Interviews confirmed that ACJCS Assistant Detention Manager checks the grievance boxes daily, or two supervisors do this when he is not there-this is done to ensure that the grievance is not about one of the supervisors. If this is the case, the other supervisor moves forward with it.

The Asst. The detention Manager reviews the grievance and if it has any sexual component to it, or is unclear about this, interviews the resident to determine if it will be handled as a grievance, or removed from the grievance process and handled as sexual abuse or sexual harassment report.

An incident report is created and depending on the allegation, referred to law enforcement, and/or a PREA administrative investigation initiated. This action removes the report, received on a grievance form, and ensures it is handled as an abuse report; however, still allows a resident to use the grievance form as an additional avenue for reporting sexual abuse or sexual harassment. It also allows the resident to report anonymously and confidentially.

ACJCS/ACJD is compliant with PREA standard 115.352

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Standard: 115.353: Resident access to outside confidential support services or legal representation</p> <p>Compliance Assessment: Compliant</p> <p>Anacronyms used in this standard report:</p> <ul style="list-style-type: none"> • OAS: Online Audit System (DOJ) • PC: ACJCS PREA Coordinator • ACJCS: Ada County Juvenile Court Services • ACJD: Ada County Juvenile Detention (audited facility) • MOA: Memorandum of Agreement • AAFV: Advocates Against Family Violence • WSCS: Warm Springs Counseling Services <p>115.353 a, b, c,</p> <p>Standard Requirements</p> <p>115.353 (a) <i>"The facility shall 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible."</i></p> <p>115.353 (b) <i>The facility shall inform residents, before 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.</i></p> <p>115.353 (c) <i>"The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements."</i></p> <p>Documentation Reviewed for Compliance:</p> <p>Interviews: Residents, residents who reported sexual abuse, staff, PC, Asst. Detention Manager, staff.</p> <p>Site Review Observations: The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: interviews-of staff, residents, the ACJCS PREA Coordinator (PC) and management, ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p>To determine compliance, the following documentation was reviewed:</p> <ul style="list-style-type: none"> • Interviews: AAFV and Warm Springs Counseling confirmed they provide emotional support services for any resident who has ever experienced sexual abuse-by phone, mail, or in person. (Dial 4 or 0 on resident phone) • MOU with Warm Springs Counseling Center-through September 30, 2020: agreement 10552 –provide counseling assistance to juvenile detainees who are victims of sexual abuse. Interviews confirmed this. • MOU agreement with Advocates Against Family Violence and ADA County to provide Advocacy Assistance to Juvenile Victims of Sexual Assault. Interview confirmed that this agency is the outside reporting service, advocate service, and can provide additional emotional support services-relating to sexual abuse. • Pre-Audit Questionnaire: states the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. • Resident Handbook: During corrective action, the resident handbook, under the Resident Rights section, was revised to include Dial 0 on the resident phones to speak with the Advocates Against Family Violence, and mail section, the mailing address for AAFV for contacting emotional support services relating to sexual abuse. <p>Compliance Assessment:</p>

During Corrective action:

- ACJCS PREA Policy 5-1 was revised to state: 18 h) For residents that have experienced sexual abuse outside of the facility and not due to a PREA related incident and they would like to access emotional support services they may: i) Speak with the medical or clinical departments; and (1) There is no financial cost with accessing ACJS medical or clinical department; ii) Write or call the AAFV for support (address and number are provided in the resident handbook and on posters in the living areas)
- Flyers were posted on all units about residents can access emotional support services from AAFV, including the address and phone number. These flyers were posted in both English and Spanish, and are disability compliant (basic language, spaced out...) according to the ACJCS disability assessment completed during this audit.
- All staff received training that included the revised policy, handbook, access to emotional support services, and confidentiality of that access, and that this is a separate service from victim advocates that AAFV provides for victims. Signed statements of understanding are part of this audit documentation
- The resident comprehensive training was updated, and all residents received training including how to access AAFV by phone and mail, and statements of understanding are included in this audit documentation. This includes the ability of residents to contact AAFV confidentiality by mail without their name on the outside of the envelope (115.353b)

115.353c:

ACJCS is compliant with maintaining MOU's or MOA's with Warm Springs Counseling and AAFV to provide counseling and support services to residents of the Detention facility. Copies of these agreements are part of this audit documentation. ACJCS is compliant with paperwork, practice and all being ingrained in facility practice and culture.

AACJC/ACJD is compliant with 115.353 a, b, and c, after corrective action.

115.453 d: Compliant

PREA Standard Requirements

115.353 (d) "The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians."

To determine compliance, the following documentation was reviewed:

Forms:

ACJCS Clinical Services and Medical Informed Consent Form:

- This form is read to each resident and then signed and dated. It informs the resident of the mandatory reporting requirement of information disclosed that pertains to the following: "if there is a reason to suspect that abuse of a child, an elderly person, or a disabled person has occurred, the law requires that it be reported to the authorities; if I believe that you are a clear and imminent danger to yourself or someone else, I am required to notify appropriate others to assure the safety of all concerned; In a legal proceeding, patient-therapist communications may be revealed if: your mental status is an issue for the court, the judge decides that knowledge of those communications is necessary for the proper admiration of justice; if you discuss details of a crime for which you have not been charged, I am required to report this to the proper authorities."
- Storage of Information: "Any notes taken during counseling sessions and assessments are confidential and will not be kept in the court file; all notes will be kept in my office, in a confidential, secure location. Upon termination, all notes will be kept in a secure location within the agency; all medical files will be kept securely stored and not kept as part of the court file."
- Residents sign this form after being read this statement and confirming understanding: "The signatures here show that we each have read, discussed, understand, and agree to abide by the points presented within it."

This form is compliant with ensuring residents understand the extent to which communication is forwards or shared with authorities. This form is read to residents and signed at intake or shortly thereafter. (Standard 115.353b)

Interviews:

- 100% of staff and management interviewed confirmed that residents' communications with AAFV and Warm Springs Counseling are confidential and not monitored or recorded. In addition, residents have access to their attorney. Every morning they are asked if they want contact with their attorney or counselor. If yes, it is arranged as confidentially as possible.
- In addition, staff was clear about residents' access to parents/guardians. Visiting is twice a week, residents can use the resident's phone, or mail and receive letters to and from their parents/guardians. If a resident does not have any

money in their phone account, the facility facilitates calls to their parents/guardians.

- 100% of residents interviewed confirmed that calls on the resident phone are not monitored or recorded and if they made a call to one of the one-touch numbers on the phone, it would be confidential. 100% of residents were able to confirm that they understand that any report of abuse must be forwarded to the proper authorities, per mandatory reporting laws.
- Residents were clear that they can have access to their attorney. They are asked each morning if they want to contact and then it is arranged. In addition, 100% of residents said visits are as much as twice a week, with parents/guardians – by video currently because of COVID. Residents confirmed they can also write letters, although most said they do not do this.
- Interviews with AAFV and Warm Springs Counseling staff confirmed that they ensure any resident that may call them from ACJCS Detention is informed that any reports of sexual abuse or harassment are required to be reported by Idaho law and mandatory reporting laws. All residents at ACJCS Detention are under 18 and subject to mandatory reporting laws.

Site Observations included: observing resident phones on every unit and in day rooms. Observing residents on video visits with their parents and attorneys (not audio, just observed the process). Observed residents on resident phones and that no one could tell if they were calling their parents or the hotline, outside reporting source, advocate service, or counseling service.

Policy:

- PREA Policy 14-1, section 3b: Policy states that residents shall be permitted unlimited and confidential access to their attorneys or representative of their attorneys—not limited to telephone, uncensored correspondence, and visits. Process is-resident request to speak with their attorney, detention staff call attorney's office
- Section D: a resident may receive calls or visits from their attorney at any time. Provisions will be made for privacy during such conferences. (115.353d)

PAQ states the facility provides residents with reasonable and confidential access to their attorneys or other legal representatives.

PAQ: states the facility provides residents with reasonable access to parents or legal guardians.

ACJCS Website:

- States visitation for parents, grandparents, and legal guardians are twice a week; Sunday 2:30-4:30, Wednesday 6:30-7:30. (COVID changes things somewhat).
- <https://adacounty.id.gov/juvenilecourt/juvenile-detention-center/>
- Website on phone service: More information on Telpmate on this site: Spanish and English
- <https://adacounty.id.gov/juvenilecourt/wp-content/uploads/sites/43/TelpmateLinkRevised121713.pdf>:
- Calling Options Provided by Telpmate
- <https://adacounty.id.gov/juvenilecourt/wp-content/uploads/sites/43/TelpmateLinkRevised121713.pdf>
- The phone does not have to have staff dial it. TTY services for the hearing impaired are available upon request.
- Communication: residents receive a free phone call to notify parents of the time of admission to the center. Unlimited attorney calls. Personal calls are allowed when residents are out of their room during free time.
- Mail: Unlimited mail received, two outgoing letters per week, per resident.

Compliance Assessment:

115.353 b, d: Compliant with paperwork, practice, and ingrained in facility practice and culture.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 687 297">Standard 115.354 – Third Party Reporting</p> <p data-bbox="242 329 638 356">Compliance Assessment: Compliant</p> <p data-bbox="242 387 655 414">Anacronyms used in this standard report:</p> <ul data-bbox="282 468 871 589" style="list-style-type: none"> • PC: ACJCS PREA Coordinator • ACJCS: Ada County Juvenile Court Services • ACJD: Ada County Juvenile Detention (audited facility) • <p data-bbox="242 622 697 649">Documentation Reviewed for Compliance:</p> <p data-bbox="242 680 952 707">PREA Policy 5-1, section 14; ACJCS Website; Practice check; Website</p> <p data-bbox="242 739 389 766">Interviews: PC</p> <p data-bbox="242 797 979 824">The following describes the evidence used to determine compliance:</p> <p data-bbox="242 855 1469 976">Site Review Observations: The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: interviews of staff, residents, the ACJCS PREA Coordinator (PC) and management, ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p data-bbox="242 1008 339 1034">115.354a</p> <p data-bbox="242 1066 1469 1160">Standard Requirements: (a) <i>"The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute public information on how to report sexual abuse and sexual harassment on behalf of a resident."</i></p> <p data-bbox="242 1191 1150 1218">The following describes how the evidence below was used to determine compliance:</p> <p data-bbox="242 1249 1422 1312">Policy: PREA Policy 5-1, section 14: "Third-party reports of sexual abuse or harassment will be received by the PREA Coordinators through the PREA phone number (1-206-577-4808)"</p> <p data-bbox="242 1344 1481 1464">Agency Website: lists the ACJCS PREA hotline phone number and that it takes messages 24/7. It also gives the PC phone number and email address. ACJCS Website is https://adacounty.id.gov/juvenilecourt/juvenile-detention-center/ This ACJCS website gives the hotline phone number and email, of the agency PREA Coordinator-for third parties to make any reports of sexual abuse or sexual harassment. (1-206-577-4808)</p> <p data-bbox="242 1496 1449 1590">Practice Check: This auditor called the phone number -got a message, in English and Spanish, I left a message that this was the PREA auditor checking how this line works and to call me back after receiving this message. 6/22/2020 2:10 pm PST made the call. I received a call from the PREA Coordinator confirming receipt of my call.</p> <p data-bbox="242 1621 1469 1684">Interviews: Interviews confirm that the phone number given on the website goes directly to the ACJCS PREA Coordinator, who takes third-party reports of sexual abuse or sexual harassment.</p> <p data-bbox="242 1715 606 1742">115.354 Compliance Assessment:</p> <p data-bbox="242 1774 1469 1930">ACJCS is compliant with this standard by supplying a phone number to the agency PREA Coordinator for all third-party reports of sexual abuse and sexual harassment. This information is distributed publicly on the ACJCS website, https://adacounty.id.gov/juvenilecourt/juvenile-detention-center/, A practice check of the number provided confirmed the call went to the PC and a return call from the PC confirmed he had received my call and if it had been a report, he would have gathered additional information, created an incident report, and made the required reports to investigators.</p> <p data-bbox="242 1962 1461 2083">Policy, paperwork, and practice reviewed for this standard, confirmed that these actions are ingrained in the culture of the facility. ACJCS policy requires third party reports be received through the phone number to the agency PREA Coordinator, calling the phone number confirmed that a report would be taken on this phone number, interviews confirmed that this process has been in place for more than a year and is ingrained into the culture of the facility.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 815 297">Standard 115.361 – Staff and agency reporting duties</p> <p data-bbox="242 329 914 356">Compliance Assessment: 115.361 a-e standards are compliant</p> <p data-bbox="242 387 655 414">Anacronyms used in this standard report:</p> <ul data-bbox="284 468 852 562" style="list-style-type: none"> • PC: ACJCS PREA Coordinator • ACJCS: Ada County Juvenile Court Services • ACJD: Ada County Juvenile Detention (audited facility) <p data-bbox="242 591 1469 716">Documentation Reviewed for Compliance: ACJCS policy 5-1.2; ACJCS Clinical Services and Medical Informed Consent Form, section D; PREA Policy 5-1, section 4; Idaho Statute 16-1605; PREA Policy 5-1, section 5; PREA Policy 2-1, section 17; PREA Policy 2-1, section 17; PREA Policy 5-1, section 17: e; POST Basic Certification; investigation reports/documentation; informed consent form; grievances; medical documentation form; training logs; training curriculum.</p> <p data-bbox="242 745 1350 772">Interviews: Medical and Mental Health staff; Detention Director; PC, Random Staff; Facility Manager, residents.</p> <p data-bbox="242 804 1469 929">Site Review Observations: The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: interviews of staff, residents, the ACJCS PREA Coordinator (PC) and management, ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p data-bbox="242 960 491 987">115.361a, b: Compliant</p> <p data-bbox="242 1019 491 1046">Standard Requirements:</p> <ul data-bbox="284 1099 1493 1261" style="list-style-type: none"> • a: <i>"The agency shall 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation."</i> • b: <i>"The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws."</i> <p data-bbox="242 1290 1150 1317">The following describes how the evidence below was used to determine compliance:</p> <p data-bbox="242 1348 320 1375">Policy:</p> <ul data-bbox="284 1429 1493 1655" style="list-style-type: none"> • ACJCS policy 5-1.2 states that "All staff, volunteers, and contractors are required to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment (A1) that has occurred in a facility; Whether or not it is part of the agency; retaliation against residents or staff who reported such an incident (A2); and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation (A3) to the Shift Supervisor, Asst. Detention Manager; Detention Manager, or Director of ACJCS." • PREA Policy 5-1, section 4: All detention, medical, and mental health staff are required by Idaho Statute 16-1605 to report any abuse of a juvenile to the Department of Health and Welfare within 24 hours of the report. <p data-bbox="242 1684 1481 1809">Idaho Statute 16-1605: requires the reporting of abuse, abandonment, or neglect of a child, or who observes that child being subjected to conditions or circumstances that would reasonably result in abuse, abandonment, or neglect shall report or cause to be reported within 24 hours to law enforcement or the department. The fine for failure to report is up to 6 months in jail and a \$1000 fine.</p> <p data-bbox="242 1841 520 1868">Compliance Assessment:</p> <p data-bbox="242 1899 1481 2024">115.361a: ACJCS has a policy, ACJCS policy 5-1.2, that requires immediate 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, any retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This policy is compliant with the requirements 115.354a.</p> <p data-bbox="242 2056 349 2083">115.361b:</p> <p data-bbox="242 2114 1150 2141">The following describes how the evidence below was used to determine compliance:</p>

Policy:

PREA Policy 5-1, section 4: All detention, medical, and mental health staff are required by Idaho Statute 16-1605 to report any abuse of a juvenile to the Department of Health and Welfare within 24 hours of the report.

Idaho Statute 16-1605: requires the reporting of abuse, abandonment, or neglect of a child, or who observes that child being subjected to conditions or circumstances that would reasonably result in abuse, abandonment, or neglect shall report or cause to be reported within 24 hours to law enforcement or the department. The fine for failure to report is up to 6 months in jail and a \$1000 fine.

In addition, Idaho law 16-1605 adds further status to ACJCS policy by requiring the reporting of abuse, abandonment, or neglect of a child, or who observes that child being subjected to conditions or circumstances that would reasonably result in abuse, shall report within 24 hours to law enforcement or the department. Attached to this legal requirement is the failure to report is up to 6 months in jail and a \$1000. Fine.

Interviews:

100% of Staff interviews confirmed that they are aware, understand, and practice the requirement to report any knowledge, suspicion, or information they receive or have about an incident of sexual abuse or sexual harassment. Most staff also confirmed that they report any retaliation, for residents or staff who reported sexual abuse, and any staff neglect that may have been a part of or contributed to this incident or any retaliation involved. Staff confirmed that they are more aware of signs and behaviors to look for and ensure their supervision is constant, in order to be aware of any changes or indicators of abuse. 100% also confirmed that they report anything, even suspicions, rather than take a chance of missing abusive behavior happening.

Compliance Assessment 115.361a-b:

- ACJCS is compliant with part b of standard 115.361. ACJCS policy 5-1. Section 4 requires all staff to report any abuse of a juvenile to the Department of Health and Welfare within 24 hours, and the Idaho Statute 16-1605 requires the reporting of abuse of a child within 24 hours to law enforcement of the department. The fine is up to 6 months in jail and a \$1000 fine.
- Staff interviews and on-site observations confirm that staff not only understand their reporting responsibilities, but due to increased training, are more aware of signs and indicators to look for indicating abuse, and how supervision can prevent such abuse from occurring.
- Policy, paperwork, and practice are consistent with the actions and requirements of this standard. Interviews and observations concluded that the required reporting requirements are understood, practiced, and ingrained in the facility culture.

115.361c: Compliant

Standard Requirement: 115.361

- (c): *"Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be 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."*

The following describes how the evidence below was used to determine compliance:

Policy:

- PREA Policy 5-1, section 5: All staff will treat violations of sexual abuse and sexual harassment with confidentiality and shall not discuss the matter outside of their chain of command, human resources, or the investigators of the alleged abuse or harassment.
- This Policy, 5-1, section 5, is compliant with the requirement that staff are prohibited from revealing any information related to a sexual abuse report, other than to the extent necessary to make treatment, investigation, and other security management decisions.

Peace Officer Requirements:

- Required POST academy training class hours: 129 hours of training. Includes 4 hours of PREA training, 4 hours of Juvenile Justice overview and ethics, 16 hours of Security management, 4 hours of legal and liability, 2 hours of detention standards.
- Peace Officer Standards and Training Code of Ethics: All law enforcement professionals must be aware and attest to

abide by the following Law Enforcement Code of Ethics and statute, and understands violations thereof, constitute grounds for decertification. Officers sign and date this form.

- Peace Officer Code of Ethics "I will keep my private life unsullied as an example to all and will behave in a manner that does not bring discredit to me or my agency. I will maintain courageous calm in the face of danger, scorn, or ridicule; develop self-restraint, and be constantly mindful of the welfare of others. Honest in thought and deed in both my personal and official life, I will be exemplary in obeying the law and the regulations of my department.
- Whatever I see or hear of a confidential nature or that is confided to me in my official capacity will be kept ever secret, unless revelation is necessary for the performance of my duty."

Interviews:

- 100% of staff confirm that they are very serious about the confidentiality of any sexual abuse or sexual harassment violations, allegations, investigations, or conclusions. All staff interviewed confirmed that discussions of sexual abuse and sexual harassment allegations and actions are only with supervisors, investigators, Human Resources, or staff with the need to know for safety and security. Staff confirmed they are POST certified and have signed the Peace Officers Code of Ethics that includes a confidentiality statement.
- Management interviews confirmed that all sexual abuse investigations, training records, unannounced rounds, yearly reports, and incident reviews are stored securely in locked files.
- Medical and mental health staff confirmed that counseling session notes, and assessments are kept in locked medical files in the clinic. After the resident leaves, the file is stored in a secure locked location at the parent agency – ACJCS.

Compliance Assessment of 115.361c:

ACJCS Policy 5-1 is compliant with this standard. It prohibits staff from revealing any information related to a sexual abuse report, other than to the extent necessary to make treatment, investigation, and other security management decisions. Interviews confirmed that staff take confidentiality very seriously and have received training, signed their understanding, and actively practice maintaining the confidentiality of any information pertaining to sexual abuse or sexual harassment.

In addition, all staff is Peace Officer (P.O.S.T) Certified. This adds another layer of professional training and PREA training. Officers receive 129 hours of training, including PREA training, at the academy and again at ACJCS Detention. Interviews confirm that staff takes the responsibility of confidentiality very seriously.

100% of staff interviewed affirmed that they keep confidential all sexual abuse and sexual harassment allegations, investigations, actions, and documentation, and all confirmed signing the Peace Officers Code of Ethics that includes a statement about confidentiality, and a statement about decertification if they do not maintain this code of ethics.

115.361 d: Compliant

Standard Requirements: *"(1) Medical and mental health practitioners shall be 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. (2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality."*

The following describes how the evidence below was used to determine compliance:

Policy:

- PREA Policy 5-1, section 4: All detention, medical, and mental health staff are required by Idaho Statute 16-1605 to report any abuse of a juvenile to the Department of Health and Welfare within 24 hours of the report.

ACJCS Clinical Services and Medical Informed Consent Form:

- This form is compliant with the requirement of medical and clinical staff to report sexual abuse, as required by mandatory reporting laws (Idaho Statute 16-1605).
- This form outlines the mandatory reporting rules for child abuse and self-harm; juveniles must sign this form every time they come into detention; the signed form is kept in their detention case record; medical and mental health staff review mandatory reporting rules with residents when services are initiated.

Medical Documentation Form:

- This form lists all the residents who have disclosed sexual abuse or harassment, date of the disclosure, date of medical and mental health screening, date of PREA follow-up, and if the resident is A-abuser, V-victim, R-if the allegation was reported, NR-not reported, and LGBTI designation. This form shows that out of 185 residents admitted, 185 received medical screening, 81 received mental health screening, 19 PREA disclosures, 17 individual follow-ups, 2

refused follow-up. This form also documents reporting of allegations that had not been previously reported.

- File Review: ACJCS Clinical Services and Medical Informed Consent Forms for all residents interviewed are part of this standard's documentation.
- The Medical Documentation Form confirms that out of 19 reports of having been sexually abused, 17 received mental health follow-ups and two residents refused this service. Five residents' reports, that had not been reported previously, were reported to Child Welfare. All, but one was reported at intake, one was reported 8 days after intake. None occurred in the facility.

Staff Training:

- Staff Training Logs: documents 1 hour of training on reporting responsibilities, during the refresher training every year since 2013, or if hired later, each year since hire.
- Staff Training PowerPoint: Page 29 of the PowerPoint is about mandatory reporting laws, page 30-reporting and responding, Page 22-confidentiality and documentation, page 34-reports,

Interviews:

- 100% of interviewed medical and mental health providers confirmed that they have received training on, understand their obligation, and actively practice reporting any sexual abuse or sexual harassment suspicions, knowledge, or information. All confirmed they would report to ACJCS management personnel and to child welfare/law enforcement authorities immediately. In addition, all interviewed medical and mental health staff stated that they have residents sign the ACJCS Clinical Services and Medical Informed Consent Form. They further stated that they read this form to the resident and ensure he/she understands and consents to the mandatory reporting of child abuse and self-harm. These staff also cited the fact that if they did not report they would lose their license and they take that very seriously. All said that they must report an allegation within 24 hours of learning of it but report immediately.
- Residents Interviewed: 90% of residents interviewed confirmed that they understand that if they make an allegation of sexual abuse or sexual harassment, it will be reported to the appropriate law enforcement and child welfare authorities and is not covered under the medical/mental health confidentiality of information they share with them.
- Additionally, residents reporting previous sexual abuse reported meeting with mental health shortly after intake.

115.361d Compliance Assessment:

- ACJCS Policy 5-1, section 4 is compliant with the requirements of this standard that medical and mental health staff are required to report sexual abuse and sexual harassment to designated supervisors and child welfare/law enforcement.
- Training records confirm that staff receives yearly refreshers that include mandatory reporting laws, reporting and responding, and confidentiality and documentation, among other relevant topics. Also, staff signs their understanding of the training received.
- Interviews with medical and mental health practitioners confirmed their knowledge, understanding, and practice of reporting sexual abuse and sexual harassment to supervisors and child welfare/law enforcement. This includes the understanding that they would lose their license if they did not report, and they must make a report within 24 hours, but report immediately.
- Tracking of sexual abuse reports received is completed on the Medical Documentation Form and confirms any allegation not already reported was reported by ACJCS and mental health follow-ups provided or refused.
- Additional interviews with residents confirmed their understanding that any report of sexual abuse or sexual harassment would be reported to the appropriate authorities for investigation. Additionally, residents reporting previous sexual abuse reported meeting with mental health shortly after intake.
- Each resident, upon intake, signs an informed consent form that is read to them and discussed, to ensure their understanding. This form is given to the program's division clinicians and counselors and kept in each resident's case record and samples are included in this audit documentation. This form is signed every time a resident comes into detention.
- Reporting of sexual abuse and sexual harassment is required by ACJCS policy. Medical and mental health staff are trained and understand their responsibilities about reporting, and the practice of reporting is ingrained in the culture of this facility. In addition, residents sign an informed consent form, understand that anything they say about sexual abuse or sexual harassment must be reported by all staff, and the practice is consistent with the requirements. This form is stored confidentially in their file and this practice is ingrained in facility culture.
- ACJCS tracks all reports received, as well as checking to see if the report has been previously reported, and if not, report it immediately.

115.361e:

Standard Requirements 115.361 (e) (1) Upon receiving an allegation of sexual abuse, the facility head or his or her designee

shall promptly report the allegation to the appropriate agency office and 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. (2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. (3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representatives of record within 14 days of receiving the allegation.

The following describes how the evidence below was used to determine compliance:

PREA Policy 5-1, section 17: e: Upon receiving an allegation of sexual abuse, the Detention Manager or designee will contact the victim's parent or legal guardian; F: direct staff to call law enforcement as needed; and V: The Detention Manager or designee shall report the allegation to the juvenile's attorney or other legal representatives of record within fourteen days of receiving the allegation.

Director Interview confirms that if ACJCS receives a report of sexual abuse or sexual harassment, it is reported to the resident's parent/guardian; IDHW and/or IDHW caseworker; and law enforcement, as well as the resident's legal counsel. Law enforcement and IDHW within 24 hours and the legal counsel within 14 days.

PCM/PC interview confirms that the following notifications are made to parents/legal guardians, detention leadership, the PREA Compliance Team, and the resident's Probation Officer-as soon as possible, upon receipt of an allegation. Residents under IDHW, I notify the resident's caseworker, IDHA Child Abuse hotline (208-334-5437, per Idaho Law (required to notify law enforcement and IDHW within 24 hours) The court would be notified and the resident's legal counsel within 14 days.

Compliance Assessment for 115.361e: Compliant

ACJCS PREA Policy is compliant with requiring the facility head or designee to promptly report the allegation to the appropriate agency and to the victim's parents/legal guardians, and with the requirement that the detention manager or designee shall report the allegation to the juvenile's attorney or legal representative of record within 14 days.

Interviews: Management interviews confirmed notifications are made to the victims' parents/legal guardians, attorney, or legal representative, within 14 days of receiving the sexual abuse report. In addition, the report is made to law enforcement/Child Welfare immediately after receiving the allegation. In addition, confirming the court is also notified within 14 days of receiving the allegation.

115.361f:

Standard Requirements: *"The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators".*

The following describes how the evidence below was used to determine compliance:

PREA Policy 5-1, section 17: e: "Upon receiving an allegation of sexual abuse, the Detention Manager or designee will (F) direct staff to call law enforcement as needed; and (h) Human resources will conduct investigations of staff misconduct; (i) The Detention Manager or Assistant Detention Manager will investigate any non-criminal acts of a resident against resident sexual harassment.

Grievances: Three grievances were received and unclear if there were any further information that might clarify if there were any allegations. All three were referred to the Assistant Detention Manager who interviewed the residents and determined there were no sexual abuse or sexual harassment allegations to investigate.

Investigation Report: Sexual Harassment allegations and investigation/finding referred to the designated facility PREA Administrative Investigator

Incident Report for the above investigation: The incident report documents that the Detention Assistant Manager/PREA Investigator was notified of the sexual harassment allegations made that lead to the above investigation.

Email notification: Notification from staff reporting the alleged sexual harassment, to the designated facility investigator/ Assistant Detention Manager.

Interviews: Management interviews confirmed that allegations of sexual abuse and/or sexual harassment are referred to law enforcement for criminal allegations; referred to HR for staff misconduct allegations; and to the Detention Manager or the Assistant Detention Manager to investigate resident-to-resident sexual abuse allegations.

Administrative Investigator HR: The HR investigator has a background as an FBI investigator and confirms she will investigate any staff sexual misconduct allegations. Also, confirmed she will work with law enforcement to ensure any investigation she conducts does not interfere with the law enforcement investigation.

A facility designated administrative investigators: confirmed they receive any allegations of sexual harassment, resident-to-resident, and investigates the non-criminal allegations. In addition, they receive notice of any criminal sexual abuse or sexual harassment allegations that are referred to law enforcement for investigations.

Assessment of compliance for 115.361f: Compliant

ACJCS policy 5-1 directs sexual abuse allegations to be directed to law enforcement and human resources-for staff-on-resident sexual abuse/harassment allegations; or refer to the Detention Manager and Assistant Detention Manager to investigate resident-on-resident, non-criminal sexual harassment allegations.

The Detention Manager and Assistant Detention Manager have been designated as the facility- resident sexual harassment allegation investigators, and the HR investigator- as the agency staff sexual misconduct allegation investigator.

Interviews and investigative reports confirm that:

- For staff, sexual misconduct allegations, law enforcement, and the HR investigator are both contacted.
- For resident-on-resident non-criminal sexual harassment allegations, only the designated facility managers/investigators are notified.
- For criminal sexual harassment, resident-on-resident, allegations are referred to law enforcement; however, the designated facility managers/investigators are the ones making the law enforcement notification and so are in the loop of being notified.
- This process is compliant with the standard requirement 115.362f, that the facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the facility's designated investigators.
- All investigators are required to be experienced and then have specialized training in sexual abuse investigations; however, this requirement is assessed in standards 115.371, 115, 334, and 115,222, and not in this standard. This standard just requires that the allegations be referred to the facilities designated investigators and is compliant with that requirement.

After a review of all paperwork, policy, procedures, forms, interviews, and practice (see above in-depth reviews of all information and compliance assessments), ACJCS is compliant in paperwork, practice, and culture for standard 115.362.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Standard:115.362 - Agency protection duties Compliance Assessment: 115.362 Compliant</p> <p>Anacronyms used in this standard report:</p> <ul style="list-style-type: none"> • PC: ACJCS PREA Coordinator • ACJCS: Ada County Juvenile Court Services • ACJD: Ada County Juvenile Detention (audited facility) • OAS Online Audit System (DOJ) <p>Documentation Reviewed for Compliance: PREA Policy 5-1, section 17; 7-9 Room Confinement, section 2, 3, and 5: 2; Pre-audit Questionnaire.</p> <p>Interviews: Detention Director, Random Staff</p> <p>Site Review Observations: The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: interviews of staff, residents, the ACJCS PREA Coordinator (PC) and management, ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p>115.362</p> <p>Standard Requirement: <i>“When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.”</i></p> <p>The following describes how the evidence below was used to determine compliance:</p> <p>Policy:</p> <ul style="list-style-type: none"> • PREA Policy 5-1, section 17; 7-9 Room Confinement, section 2, 3, and 5: “Residents may be housed away from other residents for non-disciplinary reasons to ensure the safety of the resident or other residents. Residents may be housed away from other residents for the following reasons: (ii) to protect a resident who may be in danger if put with other residents; (v) to protect a resident who has been the victim of sexual abuse or harassment by another resident or staff, is in fear of retaliation for cooperating with the investigation of sexual abuse or sexual harassment.” • PREA Policy 5-1 section 17 a: “Upon learning of an occurrence or suspected occurrence of prohibited sexual behavior in the facility, detention staff will do the following: (a) Ensure the victim is safe and separate offender(s), the victim(s) and witnesses; c: Immediately contact the supervisor in charge. <p>PAQ: states the facility had 4 allegations that they investigated to determine if they were PREA; however, none raised to the level of abuse. Residents were switched to another unit due to behavior issues. This action was taken within an hour of the allegation.</p> <p>Investigation 20-06: notice of substantiated findings of sexual harassment; investigation report about repeated sexual comments; documentation of movement of the perpetrator to another unit and determination that placement will continue.</p> <p>Incident Review: Report 20-6: documents the separation of two residents due to sexually harassing and inappropriate sexual comments made.</p> <p>Interviews:</p> <ul style="list-style-type: none"> • Staff interviews confirmed that staff and management are always looking at behavior, reports, allegations, interactions, and risk factors like first time in custody, small or slight build, younger detainees, transgender, or intersex detainees, risk assessment... to ensure residents are safe and not at risk. Interviews noted that the resident’s housing is changed when there is any determination of risk to another resident to prevent as many risk issues as possible. They also 100% noted that any determination that a resident was at risk for abuse of any kind would be immediately acted on and actions are taken to ensure the involved residents were in separate units and safe. • Management Interviews confirmed that any resident seen as a possible victim would be made safe and separated from a possible threat. Notifications to managers would be made to ensure all actions were taken to prevent sexual abuse or sexual harassment and actions would be documented in an incident report. Staff would also be asked to look for

any retaliation that might occur due to the report.

Staff Training:

- PowerPoint training, page 4: How to detect and respond to signs of threatened and actual sexual abuse;
- Psychological signs of sexual abuse (page 10);
- Red flag indicators; dangers of sexualized environments; intake assessment of risk; interactions; reporting and responding (p 30);
- Responding to victims (p 31); prevention and detection

Compliance Assessment: 115.362 Compliant

Policy:

- ACJCS PREA Policy 5-1, section 17; 7-9 Room Confinement, gives staff the latitude to house residents away from other residents for non-disciplinary reasons, like imminent sexual abuse, and to protect a resident who may be in danger or protect a resident in fear of retaliation. It also gives the facility directly to ensure the victim is safe and separate, immediately contact a supervisor.

PAQ:

- Lists 4 times the facility looked at behavior or reports to determine if there was any risk for sexual abuse to residents. Even though it was determined that the behavior did not reach the standard of a PREA report/allegation of sexual abuse or sexual harassment, in each determination a resident was moved to prevent any escalation of behavior and ensure all residents were safe.

When an allegation of sexual harassment was made, it was immediately investigated, residents were separated and after a full investigation, it was substantiated for sexual harassment. The offending resident had been moved to another unit immediately and the determination was made to keep the residents separate for the rest of their stay. The incident review confirmed the action and additionally documented additional cameras that were slated to be put in the area to increase visibility and recommended staff at the desk while residents are in their rooms.

Staff Training:

- A review of staff training confirmed that they are trained to recognize and respond to signs of threatened and actual sexual abuse, recognize psychological signs of sexual abuse, know, and respond to red flag behaviors, know the dangers of sexualized environments, ensure thorough intake risk assessments, and understand and report any suspected, known, or information about any allegations of sexual abuse and sexual harassment.

Interviews:

- Interviews with staff confirmed that both staff and management are always looking at behaviors, reports, allegations, interactions, and risk factors to ensure residents are safe and not at risk. Interviews also confirmed that housing changes, assigned groups, and supervision are some of the changes that can and will be made if a resident is at risk for abuse. All staff interviewed noted that any determination that a resident was at risk for abuse of any kind would be immediately acted on and actions are taken to ensure the involved residents were in separate units and safe.

Observations and site reviews confirmed a high rate of supervision when residents are not in their rooms and a current reevaluation of supervision while residents are in their rooms- to ensure residents are not making inappropriate comments to each other in-between room checks that may escalate into imminent risk.

ACJCS/ACJD is compliant with PREA standard 115.362

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.363 - Reporting to other confinement facilities</p> <p>Compliance Assessment: Compliant with 115.363 a-d</p> <p>Anacronyms used in this standard report:</p> <ul style="list-style-type: none"> • PC: ACJCS PREA Coordinator • ACJCS: Ada County Juvenile Court Services • ACJD: Ada County Juvenile Detention (audited facility) • OAS: Online Audit System (DOJ) • MOU: Memorandum of Understanding • ACSO: Ada County Sherriff's Office <p>Documentation Reviewed for Compliance: Policy 5-1.20; Policy 5-1.20; Pre-Audit Questionnaire; Email from Ada County Jail; Ada County Sheriff's Office Incident Report and investigation.</p> <p>Interviews: Agency Director; Facility Manager</p> <p>Site Review Observations: The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: interviews of staff, residents, the ACJCS PREA Coordinator (PC) and management, ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p>115.363a</p> <p>Standard Requirements:</p> <ul style="list-style-type: none"> • <i>a: Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.</i> • <i>b: Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</i> • <i>c: The agency shall document that it has provided such notification.</i> • <i>d: The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</i> <p>The following describes how the evidence below was used to determine compliance:</p> <p>Policy 5-1. 20: "Upon receiving an allegation that a resident was sexually abused while confined at another facility, the detention Manager or designee shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency within 72 hours after receiving the allegation. An incident report will also be filed with our agency.</p> <ul style="list-style-type: none"> • a) If ACJCS receives notification from another agency that a resident disclosed that they were sexually abused or harassed while in our custody, the Detention Manager or designee will ensure that the allegation is investigated in accordance with the PREA Standards" <p>PAQ: ACJCS states they have received zero allegations from residents in the last 12 months that a resident was abused while confined at another facility.</p> <p>Email:</p> <ul style="list-style-type: none"> • Email from a Jail facility to ACJCS Detention: This email includes a report, from a former resident of ACJCS Detention. It is from an adult jail facility about a sexual abuse report received and reported to have allegedly occurred at Ada County Detention. This email was received on February 1, 2019, and responded to on the same date. All facilities responded on the same day. • Email from ACJCS: ACJCS responded, after checking their records, and finding the resident had not been in their facility since 2016, and the details of the allegation did not match the facility makeup of ACJCS Detention. This return email, from ACJCS, notifies the reporting facility of the actual facility this resident was in on the date of the incident and

includes the email, phone number, and name of the PREA Coordinator. This email was copied to the named state PREA Coordinator.

- Email from the state PC: An email was received from the named state PREA Coordinator and documented receipt of the allegation and response of notification of the appropriate facility.

Sheriff's Office Investigation: This investigation was being conducted and documents receipt of the sexual abuse allegation.

Interviews:

- Management interviews confirmed action that would be taken to respond to a sexual abuse or sexual harassment allegation, received from a current resident, that occurred at another facility. Actions confirmed in interviews were to document the allegation in an incident report, notify the facility named in the allegation, notify law enforcement in the jurisdiction of the named facility, offer mental health services follow-up to the alleged victim, and document all communications and responses.
- In addition, when asked about actions they would take if they received a sexual abuse allegation from another facility, that allegedly occurred at ACJCS, those included documenting the allegation in an incident report, responding to the reporting facility to confirm receipt of the allegation, reporting to law enforcement/child welfare and/or administrative investigators, and ensuring an investigation was completed.
- Interviewees were able to walk through a recent allegation they received from another facility, and the actions taken and documented.

Compliance Assessment:

ACJCS is compliant with standard 115.364 a-d.

ACJCS Policy 5-1. 20 is compliant with this standard requiring the agency to have a policy that upon receiving an allegation that a resident was sexually abused, while in another facility, the head of the facility must notify the head of the facility and appropriate investigative agency, within 72 hours. In addition, this policy also covers receipt of a sexual abuse or sexual harassment allegation from another agency, that allegedly occurred at ACJCS Detention, and actions to ensure the allegation is investigated.

The Pre-Audit Questionnaire states that ACJCS has received zero allegations that a resident was abused while confined at another facility and that they received 1 allegation from another facility, that allegedly occurred at ACJCS Detention; however, the investigation found that this allegation occurred at a different juvenile facility.

The above allegation received by ACJCS demonstrates a compliant practice of actions the facility took when receiving an allegation of sexual abuse or sexual harassment, from another facility, that allegedly occurred at ACJCS. Actions taken and documented included filling out an incident report, notification of the receipt of the allegation to the sending facility, investigation of the allegation, notification of the sending facility and the PC of the actual facility where the alleged abuse occurred, and documentation of receipt of the notifications. Management interviews also confirmed the notification of law enforcement and child welfare, for any allegation received that occurred at ACJCS and ensured the investigation was completed.

Management interviews also confirmed actions that would be taken if ACJCS received an allegation from a current resident, that allegedly occurred at another facility. These included documenting the allegation, notification of the facility where the abuse allegedly occurred, notifying the appropriate investigative agency where the facility is, offering mental health follow-up, and documenting all actions and contacts.

ACJCS has a compliant policy, practice, that has been in place for more than 12 months and is ingrained in facility culture.

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.364 - Staff first responder duties</p> <p>Compliance Assessment: Compliant</p> <p>Anacronyms used in this standard report:</p> <ul style="list-style-type: none"> • PC: ACJCS PREA Coordinator • ACJCS: Ada County Juvenile Court Services • ACJD: Ada County Juvenile Detention (audited facility) • OAS: Online Audit System (DOJ) • MOU: Memorandum of Understanding • ACSO: Ada County Sherriff's Office • AAFV: Advocates Against Family Violence • WSCS: Warm Springs Counseling Services <p>Documentation Reviewed for Compliance: Policy 5-1.17; Policy 6-2, section 1 New Crimes and Preservation of Evidence; Pre-audit Questionnaire; Facility Coordinated Response Plan; Investigations; AAFV MOA; Warm Springs MOA; ACSO MOU; medical documentation, incident review, investigation, staff training, and logs; Draft ACJCS Response Plan.</p> <p>Interviews: First Responders, Random Staff</p> <p>Site Review Observations: The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: interviews-of staff, residents, the ACJCS PREA Coordinator (PC) and management, ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p>115.364 Standard Requirements:</p> <p><i>(a) "Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a 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; and (4) If the abuse occurred within a 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."</i></p> <p><i>(b) "If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff."</i></p> <p>The following describes how the evidence below was used to determine compliance:</p> <p>Policy:</p> <ul style="list-style-type: none"> • Policy 5-1.17: ACJCS Policy 5-1, 17: "ensure the victim is safe, follow procedures of chapter 6 for new crimes and preserving evidence; immediate contact of supervisor (or if they are involved, go to the director); Detention Manager contacts Director of ACJCS, medical staff, detention counselor; if staff-contact HR; victims' parent or legal guardian; direct staff to call law enforcement if needed." • Policy 6-2, section 1 New Crimes and Preservation of Evidence: "In the event that Detention staff believe a crime has occurred on ACJCS property they will follow these steps to help preserve and document evidence: notify shift supervisor, shift supervisor call Detention Manager; Detention manager determines if law enforcement needs to be called. • Staff will: separate all parties from each other and the rest of the population and ensure that the alleged perpetrator and alleged victim do not brush teeth, wash, change clothes, urinate, defecate, eat, or drink until a sexual assault forensic exam is completed, cooperate fully with law enforcement and full access to collect evidence and complete investigation. • The Supervisor will: ensure all evidence is left undisturbed as found until an investigator from law enforcement has arrived and documented the crime scene and collected evidence unless doing so would further endanger staff and or

residents.

ACJCS Coordinated Response Plan to a PREA Incident:

First Responder Duties:

- Separate the alleged victim and abuser.
- Preserve and protect the crime scene.
- Ensure the alleged abuser does not wash, brush teeth, change clothing, urinate, defecate, smoke, drink, or eat.
- Contact medical staff for assessment. Medical will determine if medical needs to be called.
- Contact Shift Supervisor
- Complete a detailed incident report prior to leaving shift and cooperate with the investigation process.
- Fill out a protective service referral and fax it to the Department of Health and Welfare and call their intake unit (1-888-552-5437)

The Coordinated Response Plan needs an adjustment to be compliant – see corrective action. Need to add-ensure that the alleged victim does not take any actions that could destroy evidence-including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

PAQ: ACJCS states that they had zero allegations of sexual abuse in the last 12 months.

Interviews:

- Staff interviews confirmed that all staff is first responders, as there is no designated security staff. In addition, all staff are Peace Officers (POST) Certified. 100% of all staff interviewed walked this auditor through the actions they take after receiving an allegation of sexual abuse. This included separating the alleged victim and alleged perpetrator, preserving any crime scene for law enforcement, request the alleged victim and alleged perpetrator do not do any action that will destroy physical evidence (if within the time frame of usable evidence)—including washing, brushings teeth, eating, toileting, or changing. In addition, all staff interviewed said they would contact a supervisor, law enforcement, complete a referral to child welfare, contact medical and mental health, and write an incident report before leaving shift.

Staff Training

- Curriculum: Page 30, 31, 34, of audit training documentation, "Reporting and Responding"
- Staff Training Logs: confirm yearly PREA staff training.

Compliance assessment of 115.364 a, b:

ACJCS Policy 5-1.17, and 6-2, are compliant with this section of standard 115.364. All the required elements are in these policies and translated into the ACJCS Coordinated Response plan. Interviews with staff confirm they have been trained, understand the training, and know-how to carry out their first responder duties.

- a1: ACJCS has a PREA policy 6-2 that contains a first responder section. In addition, they have a Coordinated Response Plan designating each required action and who is responsible for the action. Staff receives training on the actions of the first responder and this is documented through training logs, statements of understanding, and interviews. Interviews, documents, policy, and site observations confirm that first responder requirements, plan, training, and practice are in place and ingrained in the culture of ACJCS.
- a2: ACJCS Policy 6-2 requires the first staff to respond to separate the alleged victim and abuser. The ACJCS Coordinated Response Plan is consistent with this policy. The ACJCS policy, as well as staff training and interviews, are compliant. Interviews, documents, policy, training, and site observations confirm that the first responder practice of separating the alleged abuser and victim is ingrained in the culture of ACJCS.
- a3: ACJCS Policy 6.2 requires first responders to preserve and protect any crime scene until law enforcement arrives and takes charge of the scene. The Coordinated Response Plan is consistent with the requirements of policy and the PREA standard requirement. Interviews, documents, policy, training, and site observations confirm that the first responder requirement of preserving any crime scene until law enforcement arrives is in practice and ingrained in the culture of ACJCS.
- a4: ACJCS Policy 6-2 requires first responders to request that the alleged victim not take any actions that could destroy evidence-including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Staff receives training and sign statements of understanding about this requirement. Policy, training, interviews, and site observations are consistent with this requirement; however, The Coordinated Response Plan needs an adjustment to be compliant – see corrective action.

The only area of corrective action for 115.364a is to correct the ACJCS Coordinated Response Plan to agree with policy, training, and staff practice. This includes adding “ensure the alleged victim does not wash, brush teeth, change clothing, urinate, defecate, smoke, drink or eat” to the Coordinated Response Plan. This is the only change needed, as interviews and policy and practice are compliant with the requirement of this standard.

During corrective action: The coordinated response plan was updated to include the required language. This revision meets the compliance requirement for this standard.

- a5: ACJCS Policy 6-2 requires first responders to request that the alleged abuser not take any actions that could destroy evidence-including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The ACJCS Coordinated Response is consistent with the agency policy and PREA standard. Staff receives training and sign statements of understanding about this requirement. Interviews, documents, policy, training, and site observations confirm that the first responder's requirement to request that the alleged abuser not take any actions that could destroy evidence is in practice and ingrained in the culture of ACJCS.
- a6-11: There have been zero allegations of sexual abuse in the last 12 months; however, policy, training, understanding, and practice of how to respond to any such allegations are in place.

b1:

ACJCS Policy 6-2 requires first responders to request that the alleged victim not take any actions that could destroy physical evidence. Staff receive training during yearly refresher training and sign understanding of that training. Interviews with staff confirmed training, understanding, and practice are in place to ensure this requirement is in place in policy, practice, and culture of the facility

b2: All facility staff is first responders and they do not have security staff to notify. The policy, training, and interviews listed above, confirm that staff conduct their first responder responsibilities and notify supervisors, law enforcement, and Child welfare.

After corrective action, Standard 115.364 is compliant

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 703 297">Standard 115.365 – Coordinated Response</p> <p data-bbox="240 331 1323 358">Compliance Assessment: Needs implementation of draft and change to response plan outlined in 115.364.</p> <p data-bbox="240 392 692 418">Anacronyms used in this standard report:</p> <ul data-bbox="284 468 852 757" style="list-style-type: none"> • PC: ACJCS PREA Coordinator • ACJCS: Ada County Juvenile Court Services • ACJD: Ada County Juvenile Detention (audited facility) • OAS: Online Audit System (DOJ) • MOU: Memorandum of Understanding • ACSO: Ada County Sherriff's Office • AAFV: Advocates Against Family Violence • WSCS: Warm Springs Counseling Services • <p data-bbox="240 790 1453 884">Documentation Reviewed for Compliance: Policy 5-1.16; Draft ACJCS Response Plan; staff training curriculum; staff training logs; statements of understanding: Allegation and investigative flow chart; AAFV-ACJCS Sexual Assault Protocol; Draft ACJCS Coordinated Response Plan</p> <p data-bbox="240 916 659 943">Interviews: Detention Manager, PC, staff</p> <p data-bbox="240 974 1485 1099">Site Review Observations: The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: interviews of staff, residents, the ACJCS PREA Coordinator (PC) and management, ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p data-bbox="240 1131 1485 1225">115.365 a Standard Requirements: "The facility shall develop a 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."</p> <p data-bbox="240 1256 1150 1283">The following describes how the evidence below was used to determine compliance:</p> <p data-bbox="240 1314 1493 1408">ACJCS Policy 5-1.16 – Detention will have a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical staff, clinical staff, investigators, and management. Updated on a yearly basis – hardcopy in PREA Files.</p> <p data-bbox="240 1440 636 1467">Draft ACJCS Response Plan: Includes:</p> <ul data-bbox="284 1516 1490 2013" style="list-style-type: none"> • Types of PREA incidents (resident on resident sexual harassment; staff on resident sexual harassment; and staff on resident, resident on staff, or resident on resident sexual abuse) • Who investigates such incidents (Administrative and Criminal); First Responder duties. • Shift supervisor duties; detention manager duties; PC duties; Detention Medical duties. • Also includes the allegation and flow-chart outlined below. • Includes the AAFV-ACJCS Sexual Assault Protocol outlined below. • Includes who must be notified. • Retaliation monitoring and facility changes that can be made (housing, discipline for retaliating, HR if staff is retaliating) • Post Investigative Duties (notifications of victim, results of investigation forwarded to the prosecutor's office, any disciplinary actions from the administrative investigation), • Sexual abuse incident review within 30 days (review need for a change of policy or practice, was incident motivated by race, ethnicity, gender identity, perceived status, gang affiliation or other group dynamics, physical barriers, staffing levels, monitoring technology, and recommendations for improvement), • Compile a report of findings and implement changes, and • Securely store reports for at least 10 years. <p data-bbox="240 2045 748 2072">Allegation and investigative flow chart include:</p> <ul data-bbox="284 2121 834 2148" style="list-style-type: none"> • This flowchart starts with a youth allegation reported,

- Notification of the Detention Manager,
- Incident report completed,
- H&W protective services referral filled out and faxed,
- AAFV hotline called for the victim,
- ACJCS Director and PC notified,
- Youth-on-youth remain separated,
- Staff on youth-Detention Manager consults with ACJCS Director and HR to decide on the need to place an employee on administrative leave.
- Secure property, physical evidence, and crime scene,
- Ensure that the victim and aggressor are separated,
- Notify facility mental health, ACSO,
- Alleged victim examined by facility nurse or EMT,
- Youth transported to St Al's Hospital for SAFE/SANE exam,
- Upon return, mental health initiates consultation and refer to Warm Springs Counseling for ongoing mental health support services,
- Criminal investigation and separate administrative investigation,
- Investigation report completed, and
- Prosecution and/or administrative determination

AAFV-ACJCS Sexual Assault Protocol includes:

- ACJCS calls 011 for medical and/or law enforcement assistance,
- The Victim was transported to the hospital with the detention officer; IDHW (Child Welfare contacted for child protection support and investigation (1-855-KIDS),
- Law Enforcement responds to conduct the initial interview to determine if a crime was committed; if crime, detective, or other law enforcement investigator engaged,
- The detective calls St Alphonsus Emergency Department and requests a SANE nurse (response 30 minutes or less),
- ACJCS Detention Manager calls AAFV hotline (208-459-4779) to contact an advocate for forensic exam and response to the hospital or Juvenile Detention; Advocate accompanies the victim to examination and interview and meets privately with the victim to review rights and provide resources,
- The victim is referred to Warm Springs Counseling for ongoing mental health support services,
- ACJCS prepare PREA report in conjunction with law enforcement (208-343-7797 ext. 1238), and
- AAFV continues to advocate through investigation and any civil/criminal trials or appeals.

Staff training curriculum:

- Page 28 of the training included in this audit documentation-Reporting and responding.
- Page 29: Mandatory Reporting Laws
- Page 30: Reporting and Responding (first responder duties)
- Page 31: Responding to victims
- Page 32: sexual assault forensic Exams and types of PREA Investigations
- Page 36: Ensuring Residents Well Being

Staff training Logs: Document yearly PREA training, since 2011. (Included in audit documentation.)

Interviews: Management and staff interviews confirm training, understanding, and practice of the actions set out in the ACJCS Coordinated Response plan. Yearly refresher training is conducted as well as periodic updates and reviews. 100% of staff interviewed walked me through the response requirements to a PREA incident with 100% accuracy.

During Corrective Action: The Coordinated Response Plan was implemented and the staff was all trained in September 2021. Statements of understanding are a part of this audit documentation.

Compliance Assessment: Compliant.

ACJCS complies with standard 115.365 by developing a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff responders, medical and mental health practitioners, investigators, and facility leadership.

During the 30 days since the site visit, the ACJCS Coordinated Response Plan was edited, completed, and implemented.

Interviews, staff training, and onsite observations confirm that staff training, understanding, and practice of the requirements of this plan, and the changes were to clarify the plan to match the practice already in place.

The plan was implemented and is compliant with this standard- requiring a written institutional plan—in paperwork, practice,

and is ingrained into the culture of ACJCS.

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard: 115.366 Preservation of ability to protect residents from contact with abusers.</p> <p>Compliance Assessment: N/A—Right to work state.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 863 297">Standard 115.367 – Agency Protection Against Retaliation</p> <p data-bbox="240 329 636 356">Compliance Assessment: Compliant</p> <p data-bbox="240 387 655 414">Anacronyms used in this standard report:</p> <ul data-bbox="280 468 852 593" style="list-style-type: none"> • PC: ACJCS PREA Coordinator • ACJCS: Ada County Juvenile Court Services • ACJD: Ada County Juvenile Detention (audited facility) • AAFV: Advocates Against Family Violence <p data-bbox="240 624 1490 719">Documentation Reviewed for Compliance: Policy 5-1.17 w; Policy 5-1,17 u iii; PRE-Audit Questionnaire; Policy 7-9.2v, room confinement; Policy 5-1.17iv. Protective Measure Document; staff training curriculum; staff statements of understanding; staff training logs; incident review; investigation; grievances; Coordinated Response Plan; Revised Policy 5-1 17t</p> <p data-bbox="240 750 1477 804">Interviews: Agency Head, Facility Manager, PC, Assistant Detention Manager; Random staff, Detention Manager, residents, AAFV.</p> <p data-bbox="240 835 1469 965">Site Review Observations: The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: interviews-of staff, residents, the ACJCS PREA Coordinator (PC) and management, ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p data-bbox="240 996 979 1023">The following describes the evidence used to determine compliance:</p> <p data-bbox="240 1055 1449 1149">ACJCS Policy 5-1.17 w: "For at least 90 days following a report of sexual abuse the Detention Manager or their designee shall monitor the conduct or treatment of residents or staff that reported the sexual abuse or harassment for possible retaliation and shall act promptly to remedy any such retaliation:</p> <ul data-bbox="280 1202 1490 1426" style="list-style-type: none"> • Any resident or staff member that reports sexual abuse, harassment, or retaliation will receive a weekly status check from the Detention Manager or designee to see if the protection measures are adequate and to see how the resident is doing in detention. • ACJCS shall monitor resident discipline reports, housing or program changes, or negative performance reviews or reassignments of staff. • ACJCS shall continue to monitor beyond the 90 days if the initial monitoring indicates a continuing need. • ACJCS's obligation to monitor for retaliation shall terminate if the agency determines that the allegation is unfounded." <p data-bbox="240 1458 1458 1512">Policy 5-1,17 u iii: "ACJCS shall employ multiple protection measures for victims or sexual abuse and for staff or residents that report any sexual abuse or harassment, including but not limited to:</p> <ul data-bbox="280 1568 1469 1731" style="list-style-type: none"> • Housing changes for resident victims or abusers • Program changes • Emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. • Removal of alleged staff or resident abusers from contact with victims" <p data-bbox="240 1762 1485 1856">Policy 7-9.2v, room confinement: "...to protect a resident who has been the victim of sexual abuse or harassment by another resident or staff, is in fear of retaliation for reporting, or in fear of retaliation for cooperating with the investigation of an incident of sexual abuse or harassment."</p> <p data-bbox="240 1888 360 1915">Interviews:</p> <ul data-bbox="280 1968 1490 2157" style="list-style-type: none"> • Management interviews stated that retaliation against both staff and residents is prevented by proactive Detention measures. They include the monitoring of the conduct/treatment of residents and staff for at least 90 days after the sexual abuse or sexual harassment is reported. Weekly check-ins with those individuals are done y the Detention Manager or designee. Resident discipline reports, housing/program changes, negative staff performance reviews, and staff reassignments will also be monitored. A full investigation of the alleged retaliation, as it is related to the underlying PREA allegation would be conducted by ACJCS and Detention leadership. If necessary, referrals would be made for

necessary administrative or criminal investigators. Any retaliation would bring prompt and immediate action to stop retaliation. In addition, for youth-on-youth incidents, if indicated managers stated that they may switch the rooms of residents, switch groups, and/or classrooms. Another protection measure provided is mental health services (residents asked every morning if they want to see a counselor, attorney, or other) for residents or staff, or residents can reach support services by phone, on the resident phone. (AAFV or Warm Springs Counseling).

- If staff is involved in the incident, the Manager may modify the staff's duty assignment and monitor the staff and request the shift supervisors also monitor the staff for signs of retaliation.
- Residents can make reports of retaliation by using the same reporting sources as reporting sexual abuse or sexual harassment. Reports can be written (grievance) verbally, via our PREA Hotline to the PREA Coordinator, or to AAFV (outside reporting source). Residents are given a class on PREA and reporting including reporting harassment, their first Saturday in Detention. Interviews included statements about monitoring retaliation for any staff or resident who is experiencing retaliation, reports retaliation or observations indicate is being retaliated against.
- Random Staff interviews stated that residents can report retaliation by telling staff, filing a grievance, PREA hotline, to medical or mental health (residents asked every morning if they want to see medical, mental health, or their attorneys), to AAFV (outside reporting source), and parents. 100% of staff interviewed stated that they would report any retaliation to the Detention Manager or Assistant Detention Manager, or the ACJCS PC.
- Residents stated they could report retaliation to a staff, counselor, the hotline, and on a grievance. 100% of residents interviewed stated they would most likely tell a staff. All reported they felt safe and had never experienced sexual abuse or sexual harassment at this facility.
- AAFV staff stated that they have not received any reports of sexual abuse and zero reports of retaliation, on the outside reporting line.

Staff training Curriculum:

- Page 6, of training curriculum in audit documentation, titled Retaliation: strictly prohibits retaliation, 90 days monitoring after report of sexual abuse for retaliation, staff members subject to disciplinary actions including, but not limited to, termination. For retaliation. Idaho Code 18-6110.
- Page 7-8: Consequences and Official Liability
- Page 21: Why should we Care
- Page 28: Reporting and Responding
- Page 30: Reporting Methods for Residents
- Page 31: Responding to victims: differences in communication when comparing men and women
- Page 36: Ensuring Resident Well Being

Staff Training Logs: Document all training received since the employee started work at ACJCS. Includes employee start date, training title, date of training, retraining date, and hours of training. All logs document yearly PREA refresher and above titles included in the training.

Staff statements of Understanding of training: Included in audit documentation, the yearly PREA refresher training acknowledgment of training and understanding for all random staff interviewed on the site visit.

Investigation: concluded substantiated for resident-on-resident sexual harassment, the resident was moved to another pod to ensure no further harassment or retaliation possible. Also, programming was changed to ensure no contact.

Incident Review: Resident moved for harassment, reevaluated and the move was made permanent to avoid further harassment.

ACJCS Response Plan:

- Detention Manager Duties: Review post allegation or post-incident room assignments for the alleged victim and appropriate treatment and placement for the perpetrator. Page 6: requires the detention manager or designee to monitor staff or residents who reported the incident for signs of retaliation against them. If there appears to be retaliation the Detention Manager will: consider housing changes, discipline residents for retaliating (time outs, behavior management group), if a staff member is retaliating, contact HR and an administrative investigation is conducted. The staff member may be placed on administrative leave with or without pay during the course of the investigation.

Grievances:

- Grievance responses for allegations that received a second look to ensure there were no sexual allegations, meeting with the Assistant Detention Manager to investigate, and programming changes or placement changes made to protect residents.
- None involved sexual allegations; however, the "second look" and placement/programming changes demonstrate

ACJCS's commitment to ensuring resident and staff safety and awareness of prevention.

PRE-Audit Questionnaire: reports zero times an incident of retaliation occurred (0 allegations reported)

Compliance Assessment for 115.367: a-f

A1: Compliant

115.367 a 1, 2: PREA Standard Requirement *"The agency shall establish 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 and shall designate which staff members or departments are charged with monitoring retaliation."*

Policy:

Policy 5-1 section 17w: is compliant with standard 115.367a, requiring ACJCS to have a written policy to protect residents and staff who report sexual abuse or sexual harassment.

This policy requires the Detention Manager or designee to:

- Monitor for retaliation for 90 days following the report- for both staff and residents reporting,
- Complete weekly status checks,
- Monitor discipline reports, housing, or program change negative performance reviews or reassignments of staff, monitoring beyond the required 90 days- if monitoring shows a continuing need,
- Terminate monitoring if the allegation is determined unfounded, and
- Inform the victim, in writing, of the outcome of the investigation, and place this notification placed in the investigation file.

In addition, Policy 5-1 section 17 section u iii: provides multiple protection measures—housing changes, program changes, emotional support services for a resident or staff who fear retaliation.

A2: Compliant

ACJCS designated the Detention Manager or designee to monitor the conduct or treatment of residents or staff that reported sexual abuse or harassment for possible retaliation.

B: Compliant

115.367 b: Standard Requirement: *"The agency shall employ multiple protection measures, 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 for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations."*

Policy 5-1.17 section u iii provides multiple protection measures to be taken for a resident or staff who fear retaliation. These include housing changes, program changes, and emotional support services.

Staff, in yearly PREA refresher training, receive training in retaliation, monitoring, and protective measures. This includes on-page 6-prohibits retaliation, requires monitoring for at least 90 days, and teaches staff that there are disciplinary actions, up to termination, for retaliation; page 7-8 Consequences and Official Liability; page 28 why should we care; and page 31 responding to victims. Staff acknowledgment and understanding statements, of the yearly refresher training, confirm every staff has had this training and understands it.

Interviews of management and staff confirm that protective measures, such as housing/program changes, negative staff performance reviews, and staff reassignments are and will be taken. In addition, if staff is involved, management can modify the staff's duty assignment and monitor the staff as well as request the shift supervisors also monitor the staff for signs of retaliation. Another protection measure provided is mental health services (all residents are asked every morning if they want to see a counselor, attorney.... or other), or residents can reach support services by phone, on the resident phone. (AAFV or Warm Springs Counseling). Mental Health services are also provided for staff if needed.

A review of actions taken on Investigations, Grievances, and incident reviews clearly showed management taking steps to change residents' housing, programming, or groups when there was a risk for residents. Although there were zero reports of retaliation, at ACJCS, in the last 12 months, the protective measures taken for other allegations/issues provide the basis for believing the same actions would be taken in cases of retaliation.

There were no residents in isolation, who allege to have suffered sexual abuse, nor were there records of any that were placed in isolation in the last 12 months.

C/D: Compliant

115.367 c: Standard Requirement: *"For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and 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 and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need."*

115.367d Standard Requirement: *"In the case of residents, such monitoring shall also include periodic status checks."*

Policy 5-1.17 w: This ACJCS policy outlines the requirement of monitoring for retaliation for 90 days following the report of sexual abuse- for both staff and residents reporting; weekly status checks; monitor discipline reports, housing, or program changes or negative performance reviews or reassignments of staff; monitor beyond 90 days if monitoring shows a continuing need; terminate if allegation determined unfounded; victim informed in writing the outcome of the investigation and this notification placed with the investigation file. In addition, the policy requires ACJCS to act promptly to remedy any such retaliation. iii: ACJCS shall continue to monitor beyond 90 days if the initial monitoring indicates a continuing need.

Management interviews confirm that the Detention Manager and Assistant Detention Manager have been designated to monitor the conduct or treatment of residents or staff who reported sexual abuse or harassment, for retaliation. In addition, this monitoring is for at least 90 days and longer if needed.

If staff is involved in the incident, the Manager states they can modify the staff's duty assignment and monitor the staff and request the shift supervisors also monitor the staff for signs of retaliation. Also, weekly check-ins, with those individuals, are done by the Detention Manager or designee. Resident discipline reports, housing/program changes, negative staff performance reviews, and staff reassignments will also be monitored. Any retaliation would bring prompt and immediate action to stop retaliation. (d)

A full investigation of the alleged retaliation, as it is related to the underlying PREA allegation would be conducted by ACJCS and Detention leadership. If necessary, referrals would be made for necessary administrative or criminal investigators.

ACJCS Response Plan: Requires the Detention Manager to review post allegation or post-incident room assignments for the alleged victim and appropriate treatment and placement for the perpetrator. It also required the monitoring of staff or residents who reported the incident for signs of retaliation against them. Finally, it requires the Detention Manager to consider housing changes, discipline residents for retaliating, and contact HR for any staff member who is retaliating, and ensure an administrative investigation is conducted.

The Pre-Audit Questionnaire states that there have been zero times an incident of retaliation occurred, and a review of records confirms zero allegations received by grievance, incident report, or by AAFV the outside reporting source. An interview with AAFV staff confirmed they have received zero sexual abuse or harassment reports, from ACJCS residents, and zero reports of retaliation on the outside reporting phone line.

E: Compliant

115.367 e Standard Requirement: *"If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation."*

Policy 5-1.17 w: For at least 90 days following a report of sexual abuse the Detention Manager or their designee shall monitor the conduct or treatment of residents or staff that reported the sexual abuse or harassment for possible retaliation and shall act promptly to remedy any such retaliation. Staff and management interviews confirm the understanding of monitoring anyone who is in fear of retaliation or receiving retaliation; however, the policy needs to be changed to reflect practice. Review of actions taken by management, for grievances, incident reports, or behavioral issues, confirms the continued monitoring of residents' behavior and actions taken to ensure all residents are safe.

During Corrective Action:

- ACJCS PREA Policy 5-1.17 t was revised to read: *"For at least 90 days following a report of sexual abuse the Detention Manager or their designee shall monitor the conduct or treatment of residents or staff that reported the sexual abuse or harassment, victims of sexual abuse or harassment, and those in fear of retaliation for cooperating with the investigation of an incident of sexual abuse or sexual harassment for possible retaliation and shall act promptly to remedy any such retaliation."*
- The policy now covers monitoring the conduct or treatment of residents or staff that reported the sexual abuse or harassment, those who have been the victim of sexual abuse or harassment, and those in fear of retaliation for cooperating with the investigation of an incident of sexual abuse or sexual harassment for possible retaliation.
- Policy 7-9.2v states, *"...to protect a resident who has been the victim of sexual abuse or harassment by another*

resident or staff, is in fear of retaliation for reporting, or in fear of retaliation for cooperating with the investigation of an incident of sexual abuse or harassment."

The practice was already in place and during corrective action, the policy was changed to match long-standing understanding and practice.

115.367f: Compliant

115.367f Standard Requirement: "An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded."

Policy 5-1.17iv: obligation to monitor for retaliation terminates if the agency determines the allegation is unfounded.

Interviews with staff and management confirm the understanding that monitoring for retaliation terminates if the allegation is determined unfounded; however, they continue monitoring any time that this finding may create retaliation behavior.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 730 297">115.368 – Post-Allegation Protective Custody</p> <p data-bbox="240 304 633 331">Compliance Assessment: Compliant</p> <p data-bbox="240 396 655 423">Anacronyms used in this standard report:</p> <ul data-bbox="280 474 879 734" style="list-style-type: none"> • PC: ACJCS PREA Coordinator • ACJCS: Ada County Juvenile Court Services • ACJD: Ada County Juvenile Detention (audited facility) • OAS Online Audit System (DOJ) • MOU Memorandum of Understanding • ACSO Ada County Sherriff's Office • AAFV Advocates Against Family Violence • WSCS Warm Springs Counseling Services <p data-bbox="240 763 1444 826">Documentation Reviewed for Compliance: Policy 7-9, section 2; Policy 7-9 Room Confinement, 3; Pre-Audit Questionnaire, Case Files. Grievances, Incident Reports, Investigations, staff training, logs, statements of understanding</p> <p data-bbox="240 855 1366 882">Interviews: Detention Manager, Detention Assistant Manager, Staff, Medical and Mental Health Staff, Residents</p> <p data-bbox="240 911 1485 1039">Site Review Observations: The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: interviews of staff, residents, the ACJCS PREA Coordinator (PC) and management, ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p data-bbox="240 1068 879 1095">The following evidence was used to determine compliance:</p> <p data-bbox="240 1124 320 1151">Policy:</p> <ul data-bbox="280 1202 1485 1771" style="list-style-type: none"> • Policy 7-9, section 2: "A resident may also be housed away from other residents for non-disciplinary reasons to ensure the safety of the resident or other residents...a) residents may be housed away from other residents for the following reasons: v: to protect a resident who has been the victim of sexual abuse or harassment by another resident or staff, is in fear of retaliation for reporting, or in fear of retaliation for cooperating with the investigation of an incident of sexual abuse or harassment." Room Confinement, 2 v1: The use of room confinement for victims of sexual abuse will only be used as a last resort. Staff will first consider rehousing the juvenile or making programming changes as appropriate. Section 2a.v2: The victims own views of their safety will be taken into consideration; Section 2a.v3: These residents will only be housed separately when no other alternative is available and will be done on a case-by-case basis; Section 5: All residents housed away from other residents for non-disciplinary reasons shall be reviewed at least on a weekly basis to see if they can rejoin the general population. Section 6: an incident report will be completed whenever a resident is confined away from the other residents." • From standard 115.342: PREA Policy 7-9, section 3: "Residents housed separately for non-disciplinary issues shall have the same amount of time out of their rooms as residents on a regular program. Based on security needs this may be done with another group of residents or by themselves. Residents placed in isolation for non-disciplinary issues shall be allowed out of their room to shower, attend school, attend physical education, receive medical treatment, receive psychological/psychiatric testing and counseling, appear in court, and receive visits from their probation officer, caseworker, parent/guardian, attorney, and clergy." <p data-bbox="240 1800 363 1827">Interviews:</p> <ul data-bbox="280 1879 1477 2139" style="list-style-type: none"> • Management interviews confirmed that isolation is not used for residents who have alleged to have suffered sexual abuse. Residents have individual rooms and room changes, and program and education reassignments will be used to ensure the safety of such residents. Also, confirmed ACJCS has a policy about non-disciplinary room confinement and that it would only be used as a last measure and for a very short period to coordinate safety actions. 100% of those interviewed confirmed that any resident in isolation for non-disciplinary reasons are provided with regular activities including school, programming, groups, medical and mental health services, exercise or physical education, court, and visits, to ensure all services they would receive in the general population are still provided. There have been zero allegations of sexual abuse and zero use of isolation for residents who allege sexual abuse.

- Staff that supervises residents in isolation: If residents were separated from likely abusers for their safety, they would remain isolated only until we can make other arrangements. Residents in isolation have the same access to all programming opportunities, they are just housed separately for safety. Any residents, who are in isolation for non-disciplinary reasons are evaluated daily to assess if they can return to the general population.
- Mental Health interviews confirmed that any residents in isolation, for any reason, receive at least daily visits from mental health. There have been zero incidents where residents who allege sexual abuse have been placed in isolation and needed daily visits from mental health.
- Medical staff interviews confirmed that they check in with residents who are isolated and work with mental health to ensure this occurs at least daily. They also reported that there have been zero residents in isolation, for their safety, for an allegation of sexual abuse or sexual harassment.
- Residents: All residents interviewed confirmed that they have not been ever put in isolation, for their safety, if alleging sexual abuse or sexual harassment. They also confirmed they have never heard of or seen this happen.

ACJCS Pre-Audit Questionnaire: states that there were zero residents who alleged sexual abuse in the last 12 months and zero placed in isolation due to having suffered sexual abuse.

Grievances:

- A review of grievances confirmed that zero grievances were received alleging sexual abuse. The four grievances that were investigated further to ensure they did not involve any sexual component, were found to have no sexual abuse allegations; however, did document housing and programming changes to ensure resident safety.

Investigation: A review of the actions taken during this incident investigation confirms that isolation was not used; however, a change of housing was instituted.

Incident Reports: A review of incident reports confirm that no resident was placed in isolation for risk of sexual victimization, and so there were zero records to review or residents to interview.

Staff Training: Page 28 and 30, Reporting and Responding; page 30, page 35 Always Remember; page 36 Ensuring Resident Wellbeing.

Staff Training Logs: Confirms staff training, including yearly PREA refresher.

SSV reports

- SSV 2019: Documents there were zero allegations of youth-to-youth nonconsensual sexual acts; one allegation of youth-on-youth abusive sexual contact (unsubstantiated), and two allegations of youth-on-youth sexual harassment (both unsubstantiated)
- SSV 2018: documents 1 unfounded report of youth-on-youth nonconsensual sexual act, zero abusive sexual contact, and zero sexual harassment.
- SSV 2017: documents zero allegations of sexual harassment or sexual abuse.
- SSV 2016: documents zero allegations of sexual harassment or sexual abuse

Medical documentation spreadsheet for 2020: documents sexual abuse disclosures received at ACJCS (none occurring at ACJCS), and medical and mental health services provided or offered. Also, if the allegation was ever reported, and if not, documentation of reporting the allegation There were 19 PREA disclosures in 2020, of which 17 had medical and mental health follow-ups, and two refused follow-ups. There were zero comments about any of the residents being placed in isolation.

ACJCS Annual Reports: from 2015 to 2020

- There were two allegations of youth sexual acts (2018 and 2019), and both were unfounded.
- Four allegations of youth-on-youth sexual harassment (2015, 2019, 2020), of which one was founded (2020), 1 was unfounded (2015), and 2 were unsubstantiated (2019).
- Three allegations of staff sexual misconduct with a juvenile (2015, 2016, and 2018), of which two were unfounded (2015 and 2018), and one was unsubstantiated (2016).
- There were zero allegations of staff to resident sexual harassment.

Incident Review: One incident review was conducted on an allegation of sexual abuse, in 2020. A housing change was completed and zero isolation.

Compliance Determination: 115.368 Compliant

115.368 (a)

PREA Standard Requirement: a: *Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342."*

PREA Auditing Requirements: a1: *"The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all resident's safe can be arranged."* A7: *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?* A2: *The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise.*

ACJCS complies with this standard requirement to have a written policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe and only until an alternative means of keeping all resident's safe can be arranged. ACJCS policies 7-9 section 2, 3, 5, and 6 outlines the requirements of how this is achieved.

ACJCS Policy 7-9, section 2 is the written policy requiring that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all resident's safe can be arranged.

Policy 7-9, section 3 requires residents who are housed away from other residents, for non-disciplinary issues, to have the same time out of their room as other residents. It lays out procedures to ensure this occurs—switched to another group besides the one they are normally assigned to, changing housing assignments, or residents programmed or educated by themselves, depending on security concerns. This policy also states that residents in isolation for non-disciplinary reasons have the right to shower, attend school, attend physical education, receive medical treatment, mental health assessments, testing, or counseling, appear in court, and receive visits from their probation officer, caseworker, parent/guardian, attorney, and clergy.

Policy 7-9 section 5 and 6: exceed this standard by requiring residents who are in isolation for non-disciplinary reasons will be reviewed at least on a weekly basis to see if they can rejoin the general population. The standard requires a review every 30 days and so ACJCS's policy and practice are superior to these standards requirements. In addition, this policy requires that an incident report be completed whenever a resident is confined away from the other residents.

Interviews with management, mental health, medical, and residents confirm that isolation is not used for residents who have alleged to have suffered sexual abuse. Residents have individual rooms and room changes, and program and education reassignments will be used to ensure the safety of such residents. Also, confirmed ACJCS has a policy about non-disciplinary room confinement and that it would only ever be used as a last measure and for a very short period to coordinate safety actions. Staff confirmed that there have been zero allegations of sexual abuse and zero use of isolation for residents who allege sexual abuse. 100% of those interviewed confirmed that any resident in isolation for non-disciplinary reasons are provided with regular activities including school, programming, groups, medical and mental health services, exercise or physical education, court, and visits, to ensure all services they would receive in the general population are still provided. There have been zero allegations of sexual abuse and zero use of isolation for residents who allege sexual abuse.

Mental Health interviews confirmed that residents in isolation, for any reason, receive at least daily visits and that there have been zero incidents where residents who allege sexual abuse have been placed in isolation and needed daily visits from mental health.

Residents interviewed confirmed that none of them have ever been put in isolation, for their own safety, due to allegations of sexual abuse.

There have been zero residents isolated at ACJCS, for sexual abuse or harassment allegations. Reviews of incident reports, grievances, investigation, and an incident review, confirm this. Although there have been zero incidents of isolation, for this issue, review of housing, programming, and education changes that were made for residents' safety, for other issues, clearly demonstrates these changes would be made and all services would be provided to any resident isolated for non-disciplinary reasons.

ACJCS/ACJD is compliant with PREA standard 115.368

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1313 297">Standard 115.371 – Criminal and administrative agency Investigations Compliance Assessment: Compliant</p> <p data-bbox="240 331 655 358">Anacronyms used in this standard report:</p> <ul data-bbox="280 409 758 667" style="list-style-type: none"> • PC: ACJCS PREA Coordinator • ACJCS: Ada County Juvenile Court Services • BOCC: Board of Ada County Commissioners • OAS: Online Audit System (DOJ) • MOU: Memorandum of Understanding • NIC: National Institute of Corrections • ACSO: Ada County Sherriff's Office • NtK: Need to Know <p data-bbox="240 701 1497 860">Documentation Reviewed for Compliance: PREA Policy 5-2; PREA policy 5-2.2& 3; Administrative Investigations: PREA policy 5-2, section 1a; PREA Policy 5-2.1; PREA policy 5-2.2; PREA policy 5-2.7 and 5-2.1; PREA Policy 5-2.2b; PREA policy 5-2.7i; PREA Policy 5.2, section 1; grievances; incident reports; incident review; Investigator background, experience, and education, as an investigator or agency investigator; investigator specialized training; DOJ clarification; MOU with ACSO; Policy 5-2 Investigations revisions;</p> <p data-bbox="240 893 1469 949">Corrective Action document review: Investigation Policy revisions 5-1; Staff training; staff statements of understanding; MOU with ACSO</p> <p data-bbox="240 983 1465 1039">Interviews: Agency/Facility Investigators; PC; Assistant Detention Manager, residents, staff, HR Investigator outlined in the OAS audit documentation.</p> <p data-bbox="240 1072 1469 1196">Site Review Observations: The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: interviews-of staff, residents, the ACJCS PREA Coordinator (PC) and management, ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p data-bbox="240 1229 879 1256">115.371 a-m Individual Standard Compliance Assessments:</p> <p data-bbox="240 1290 711 1317">115.371 a: Compliant after corrective action</p> <p data-bbox="240 1350 1489 1440">PREA Standard Requirement: <i>“When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.”</i></p> <p data-bbox="240 1473 1390 1500">Auditing requirements: <i>The agency/facility has a policy related to criminal and administrative agency investigations.</i></p> <p data-bbox="240 1534 616 1561">Initial Audit Assessment: 115.371a</p> <p data-bbox="240 1594 1417 1650">During the pre-audit and onsite portion of this audit, ACJCS PREA policy 5-2 was reviewed, and corrective action was required to ensure the investigative policy meets all requirements of this standard.</p> <p data-bbox="240 1684 1458 1774">In addition, the procedures, of policy 5-2 Investigations, were reviewed and corrective action was required. This included required procedures that meet the requirements for both criminal and administrative sexual abuse and sexual harassment investigations.</p> <p data-bbox="240 1807 520 1834">During Corrective Action:</p> <p data-bbox="240 1868 1461 1957">Policy 5-2 Investigations Policy was revised and implemented. Responsibilities for ACSO (law enforcement) and for PREA administrative investigators were designated clearly in this policy. This policy designated criminal and administrative investigation responsibilities and the requirements matched the MOU completed between ACJCS and ACSO.</p> <p data-bbox="240 1991 708 2018">ACJCS revised Investigation Policy 5-2 states:</p> <ul data-bbox="280 2069 1489 2159" style="list-style-type: none"> • “All allegations of sexual assault, sexual abuse, and sexual harassment including third-party and anonymous reports will be investigated promptly, thoroughly, and objectively in compliance with the Prison Rape Elimination Act.” • “Trained investigators will collect information to examine the seriousness of a complaint and to determine based on the

preponderance of the evidence whether there has been a violation of law, policy, procedure, rule, or standard of conduct.”

Revised and completed policy procedures include:

- Assigning Ada County Sherriff’s Office (ACSO) as the primary investigator for PREA incidents, as outlined in an MOU- developed, signed, and implemented during the corrective action period,
- Assigning the Ada County Human Resources to conduct all administrative investigations if a staff member is alleged to be involved. (Working with law enforcement on criminal allegations, and investigating all staff related non-criminal allegations)
- Assigning Ada County Human Resources Investigator to all non-criminal, resident-to-resident, administrative investigations.
- Investigator training: assigning investigators who have received special training (listed in standard 115.334)
- The requirement of initiating investigations upon learning of the allegation, whether verbal or in writing-- a timeline of 24-48 hours for the investigation to commence,
- Requirement of a written incident report to document all allegations- with specific information required,
- The scope of the investigation: who, issues, witnesses, timeline, HR consultation, administrative or criminal investigation decision, preservation of evidence, separation of complainant and accused, and determination if the interviews will be recorded,
- Conducting interviews
- Notifications required
- Investigator requirements during an investigation
- Writing the interview report and requirements for content
- Incident Review requirements
- Maintenance of investigation documentation, confidentiality, and was maintained

MOU with ACSO: The draft MOU was finalized and implemented. It outlines the responsibilities of ACSO when conducting criminal sexual abuse or sexual harassment investigations. Both policy 5-2 and this MOU was coordinated to ensure they were in agreement and compliant with this standard's requirements.

Staff Training: All staff received training on the revisions to Policy 5-2 Investigations in September 2021. This was included in Staff Corrective Action training: page 3, slide 6- how investigations are conducted and by whom; and page 32-34 of PREA training. Statements of understanding were signed and uploaded to this audit.

ACJCS, after corrective action, is compliant with PREA standard 115.371a.

115.371 b: Compliant

PREA Standard Requirement: *Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to 115.34.*

Assessment: 115.371b

ACJCS uses trained investigators, who have received special training in sexual abuse investigations involving juvenile victims. The specialized training is documented in standard 115.334 Specialized Training for Investigators.

The ACJCS primary investigator is an HR employee who has extensive background, training, and experience as an investigator and in addition, has completed the required employee training. Documentation uploaded (NIC investigator and advanced investigator training, resume, and extensive education and background in working for the FBI as a trained investigator) as well as an investigator interview confirms the receipt of specialized training in sexual abuse investigations involving juvenile victims.

Sexual abuse cases and criminal sexual harassment cases are investigated by law enforcement, and this is outlined in ACJCS policy and in an MOU with Ada County Sherriff’s Office.

ACJCS’s primary investigator, stationed at human resources, assists law enforcement with sexual abuse and sexual harassment investigations and ensures agency coordination. In addition, handles administrative investigations of sexual abuse or sexual harassment allegations.

Three detention (facility) management employees have been designated as PREA administrative investigators and then received upper-level specialized training in investigating abuse in juvenile confinement through the online National Institute of Corrections (NIC). These facility investigators, if designated by the ACJCS primary investigator, investigate non-criminal sexual harassment allegations that are resident-to-resident. The following training was reviewed and documented in this audit.

Detention Employee 1: Investigating Incidents of Sexual Abuse; NIC basic and advanced investigator online course: Specialized Investigator Training for Correctional Investigators, 3 days: training provided by the Idaho Sheriff's Association (for trained and experienced correctional investigators, to ensure understanding of PREA and investigating under the PREA standards.

Detention Employee 2: NIC online investigators training: Basic and Advanced Investigator Course

Detention Employee 3: Sexual Assault Investigator Class by the Moss Group; Basic and advanced NIC online investigator training.

15.371 c: Compliant

PREA Standard Requirements: *"Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator."*

Criminal sexual abuse and sexual harassment investigations:

Ada County Sheriff's Office (ACSO) investigators conduct all sexual abuse and criminal sexual harassment investigations. Although there have been zero allegations that have been referred to ACSO, the following investigative requirements have been established in the Investigations ACJCS Policy 5-2, and through the MOU established between ACJCS and ACSO.

The following procedures are in the ACJCS Investigation policy 5-2:

- Upon request by ACJS, ACSO shall provide investigative services to ACJS and its detention staff for any allegation of staff sexual misconduct or youth on youth sexual abuse and /or harassment that involves potentially criminal behavior
- ACJS staff shall cooperate with ACSO's investigators throughout the investigative process.
- Upon the conclusion of the investigation, ACSO shall provide its investigation report to the ACJS Director, whether that investigation established that a crime occurred or not, so that ACJS can address the situation appropriately and effectively
- If ACSO's investigation results in substantiated allegations of conduct that appear to be criminal, ACSO shall submit its investigation report to the appropriate prosecuting attorney's office or city attorney's office.
- ACSO shall follow its internal protocol, policies, and procedures when conducting its investigation.
- ACSO's investigators conducting the investigation at ACJS shall have the knowledge, experience, and training on PREA, sexual abuse investigations involving juvenile victims, and related matters required to perform the investigative services.
- Sexual abuse, assault, and harassment investigations will be conducted in accordance with guidelines established by PREA, applicable Idaho sexual assault investigation protocols, and best practices.

The following are in the MOU 14200, between ACSO and Ada County:

- Upon request by ACJCS, ACSO shall provide investigative services to ACJCS and its Detention staff for any allegation of staff sexual misconduct or youth-on-youth sexual abuse and/or harassment that involves potentially criminal behavior. ACJCS staff shall cooperate with ACSO's investigators throughout the investigation process.
- Upon the conclusion of an investigation, ACSO shall provide its investigation report to the ACJCS Director, whether that investigation established that a crime occurred or not so that ACJCS can address the situation appropriately and effectively.
- If ACSO's investigation results in substantiated allegations of conduct that appear to be criminal, ACSO shall submit its investigation report to the appropriate prosecuting attorney's office or city attorney's office.
- ACSO shall follow its internal protocol, policies, and procedures when conducting its investigation.
- ACSO's investigators conducting the investigation at ACJCS shall have the knowledge, experience, and training on PREA, sexual abuse investigations involving juvenile victims, and related matters, required to perform the investigative services under this MOU.
- Sexual abuse, assault, and harassment investigations will be conducted in accordance with guidelines established by PREA, applicable Idaho sexual assault investigation protocols, and best practices.

PREA Administrative Investigations:

The following investigative procedures have been established in ACJCS policy:

- Prior to the start of the investigation, the scope of the investigation will be determined on a case-by-case basis
- After the scope has been identified, the investigator will interview and notify witnesses to include the complainant, victim, and the accused that an investigation will be commencing. This notification should also address retaliation and

confidentiality.

The investigator will do the following:

- Collect documents and evidence, including available physical and DNA evidence and any available electronic monitoring data.
- Review the involved residents, employees, or known witnesses to see if there are any pending or recent disciplinary actions.
- Review video footage from the area where the alleged incident occurred
- Once you have developed the questions, start the interviews in the following order: Complainant, Victim (if different from the complainant), Accused, Witnesses

Interviews confirmed that:

- Administrative investigators only investigate non-criminal cases of resident-on-resident sexual harassment.
- Any cases that could lead to prosecution are investigated by a law enforcement agency (ACSO).
- Cases related to staff misconduct are investigated by the HR Department Investigator.
- Prior to the start of the investigation, the scope will be determined on a case-by-case basis by the ACJCS Director, the Detention Manager, and the PREA Coordinator.
- They do the following: establish a case file and assign a case number; collect documents and evidence for the file; obtain a list of people who need to know (NtK) about the investigation; review the involved residents, employees, or known witnesses to see if there are any pending or recent disciplinary actions; review video footage from the area where the alleged incident occurred; gather a list of initial interviews; develop a list of interview questions and gather feedback on the questions from the NtK.

A Review of PREA Administrative Investigations confirms that:

- Investigation reports contain a summary of the alleged incident, summary of the video, physical, and testimonial evidence, credibility assessment, Juvenile interview forms (including any pending or recent disciplinary acts and discrepancies between interview and video footage, email report, incident report, face sheet of prior offense history and charges,
- Law enforcement investigators and ACJCS investigators are required by policy, procedures, training, and Memorandum of Understanding (MOU), to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports. Required and documented training, for investigators, reinforces the above ACJCS policy and ACSO MOU requirements, and investigation reports document the compliant practice.

ACJCS is compliant with standard 115.371c.

115.371 d, k: Compliant

PREA Standard Requirements:

- *d) The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.*
- *k) The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.*

ACJCS Investigations Policy 5-2, section 5b states:

- The investigation should be commenced promptly within 24 to 48 hours of the complaint.
- b) Per PREA standard 115-371 (d) when a resident recants an allegation, the agency is still required to investigate the allegation.
- d) The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation

Interviews:

When interviewed, the HR PREA Administrative Investigator stated that investigations continue to a finding, even if the resident recants. In addition, confirmed that the investigation would continue to a finding, regardless of the departure of the alleged abuser or victim from the facility or employment at the facility/agency.

The audit practice assessment confirmed that all investigations were completed to a finding.

ACJCS is compliant with PREA standards 115.371d and k. These requirements are in policy/procedure and understood by investigators as the investigative practice of ACJCS.

115.371 e: Compliant

PREA Standard Requirements: *“When the quality of evidence appears to support a criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.”*

Policy/Procedures:

PREA Investigations Policy 5-2, section 10i, revised during corrective action, states:

- The investigator will do the following: Conduct interviews:
- Compelled interviews may be done by law enforcement
- HR will consult with ACSO before conducting compelled interviews as this may be an obstacle to subsequent criminal prosecutions.
- ACJS staff will not conduct compelled interviews.

Interviews:

- An interview with the HR PREA Administrative Investigator confirmed that before conducting compelled interviews, ACSO would be consulted to ensure such interviews would not be an obstacle to subsequent criminal prosecutions. Predominantly, ACSO (law enforcement) would conduct compelled interviews; however, the HR investigator is able to conduct such interviews and is highly trained to know when and how to conduct such interviews.
- ACJCS facility investigators' interviews confirmed that they do not conduct compelled interviews as they do not conduct any investigations that involve staff-on-resident sexual abuse or sexual harassment investigations.

ACJCS is compliant with PREA standard 115.371e. Policy/Procedures are compliant with requiring compelled interviews by law enforcement, or in consultation with law enforcement by the HR Investigator. Interviews confirmed the policy/procedure requirements are understood by investigators and ingrained in the practice of investigations of PREA allegations.

115.371f: Compliant

Standard Requirements: F:

- *“The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff.”*
- *“No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.”*

Policy/Procedure:

ACJCS Investigations Policy 5-2 section 11j, after corrective action, states:

- “In the interview report, note the interviewee's demeanor/credibility: 1. Uncomfortable? 2. Argumentative? 3. Hostile? 4. Nervous? 5. Overly Agreeable? 6. Note the consistency of witness timelines and chronology. 7. Note any biases of the witnesses 8. Note any inconsistencies of interviewee and video footage.

ACJCS Investigations Policy 5-2

- Section 11i states: “The report will contain the following information: i. Summary of key findings of fact includes the inconsistencies in the information, the credibility of the witnesses, and how credibility was assessed.

Interviews:

The Investigator interview stated credibility assessment of an alleged victim, suspect, or witness is completed on an individual basis and never based on being a staff or resident. Also, stated that all investigations contain credibility assessments of the above-named parties. The credibility of the person being interviewed (victim, perpetrator, or witness, is assessed during the interview and while the investigation is happening. The investigator stated key assessments look at the consistency of the account and are consistent with timelines and known facts, history of false reporting, demeanor, and possible bias. Credibility includes the interviewee's demeanor/credibility (uncomfortable, argumentative, hostile, nervous, overly agreeable), note consistency of timelines and chronology, biases, and inconsistencies of the interviewee and video

footage. It was confirmed that a polygraph, from the victim alleging sexual abuse, would never be required, to move forward with an investigation

Investigation Reviews:

Review of sexual harassment, resident-on-resident investigations confirmed the reports contained credibility assessments appropriate to the allegation level, and regardless of whether the assessed person is a staff or resident. There were zero investigations of staff-to-resident sexual abuse or sexual harassment allegations; however, the HR investigator confirmed that a credibility assessment is conducted or would be conducted on all parties.

In addition, this investigator confirmed that a polygraph would never be required for a resident who alleges sexual abuse.

During corrective action, the HR investigator became the primary investigator for PREA administrative investigations. This investigator's extensive background as an FBI investigator, training, education, and experience is compliant with the requirements of this standard.

ACJCS is compliant with PREA standard 115.371f.

- ACJCS policy, during corrective action, was revised and is compliant with requiring the investigator to conduct a credibility assessment of the alleged victim, suspect, or witnesses, and is assessed on an individual basis.
- The HR Investigator confirmed credibility assessments are or would be conducted on the alleged victim, suspect, and all witnesses, on an individual basis, and not their status as staff or resident; and, a polygraph would NEVER be required, for a resident alleging sexual abuse, to continue or complete an investigation.
- During corrective action, the HR investigator became the primary PREA Investigator and is highly qualified, by education, experience, and training.

115.371g: Compliant

Standard Requirements: *Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings*

Policy:

ACJCS Policy 5-2.8

- The content of the report will contain the following information: summary of key findings of fact, including the inconsistencies in information, the credibility of the witnesses, and how credibility was assessed. L: Summary of the conduct and if it violates policy and procedures.

ACJCS Policy5-1.17 i, ii: At the completion of the investigation a report will be written:

- Documenting the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings, and include an effort to determine whether staff actions or failures to act contributed to the abuse

Interview:

The HR Administrative Investigator confirmed that the investigation would look at staff actions or failure to act by looking to see if they followed policy and procedure-or deviated from it and document it in the incident review.

Practice:

Investigation Reports: A review of the investigation report confirmed that there is a place on the investigative report to document if staff actions or failures to act contributed to the abuse/harassment. In addition, during the Incident Review, staff actions are also reviewed.

Review of completed reports confirm all required sections, description of the physical and testimonial evidence, the reasoning behind credibility assessments, investigative facts and findings, and a section for determining whether staff actions or failures to act contributed to the abuse, are all a part of the investigation report.

ACJCS is compliant with PREA standard 115.371g.

115.371 h: Compliant

PREA Standard Requirement: 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.

Policy:

ACJCS PREA Policy 5-2, procedures section1, after corrective action, states:

- Ada County Sheriff's Office (ACSO) is the primary investigator for PREA incidents per the memorandum of understanding (MOU) signed May 18th- 2021. Per the MOU:
- Upon request by ACJS, ACSO shall provide investigative services to ACJS and its detention staff for any allegation of staff sexual misconduct or youth on youth sexual abuse and /or harassment that involves potentially criminal behavior
- Upon the conclusion of the investigation, ACSO shall provide its investigation report to the ACJS Director, whether that investigation established that a crime occurred or not, so that ACJS can address the situation appropriately and effectively
- ACSO shall follow its internal protocol, policies, and procedures when conducting its investigation.
- ACSO's investigators conducting the investigation at ACJS shall have the knowledge, experience, and training on PREA, sexual abuse investigations involving juvenile victims, and related matters required to perform the investigative services.
- Sexual abuse, assault, and harassment investigations will be conducted in accordance with guidelines established by PREA, applicable Idaho sexual assault investigation protocols, and best practices.

MOU with ACSO

WHEREAS, the ACSO has investigators trained in PREA protocols and who are subject matter experts in responding to a PREA incident; and WHEREAS, ACJCS desires that the ACSO provide the investigative services that are essential to ensure ACJCS complies with PREA.

THEREFORE, it is mutually agreed by the parties as follows:

- Upon request by ACJS, ACSO shall provide investigative services to ACJS and its detention staff for any allegation of staff sexual misconduct or youth on youth sexual abuse and /or harassment that involves potentially criminal behavior
- ACSO shall follow its internal protocol, policies, and procedures when conducting its investigation.
- ACSO's investigators conducting the investigation at ACJCS shall have the knowledge, experience, and training on PREA, sexual abuse investigations involving juvenile victims, and related matters, required to perform the investigative services under this MOU.
- Upon the conclusion of the investigation, ACSO shall provide its investigation report to the ACJS Director, whether that investigation established that a crime occurred or not, so that ACJS can address the situation appropriately and effectively
- Sexual abuse, assault, and harassment investigations will be conducted in accordance with guidelines established by PREA, applicable Idaho sexual assault investigation protocols, and best practices.

ACJCS is compliant with 115.371h.

Although there have been zero referrals to ACSO for a criminal investigation of sexual abuse or sexual harassment, both policy and a formal MOU with the Ada County Sherriff's Office are in place to ensure the understanding and compliance with this standard that Criminal investigations, completed by ACSO 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.

115.371 i: Exceeds compliance

Standard Requirement: Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.

Policy:

ACJCS Investigations Policy, 5-2 section 6, 8, 1a, 1d,and 12, after corrective action, states:

- 6) ACJS is required to initiate investigations upon learning of the complaint, whether verbal or in writing.
- 8)Prior to the start of the investigation, the scope of the investigation will be determined on a case-by-case basis by ACSO, HR, Director of ACJS, the Detention Manager, and the PREA Coordinator. The scope of the investigation is the following: f. Administrative and/or Criminal Investigation decision
- 1a.Upon request by ACJS, ACSO shall provide investigative services to ACJS and its detention staff for any allegation of staff sexual misconduct or youth on youth sexual abuse and /or harassment that involves potentially criminal behavior
- 1d. If ACSO's investigation results in substantiated allegations of conduct that appear to be criminal, ACSO shall

- submit its investigation report to the appropriate prosecuting attorney's office or city attorney's office.
- Administrative Investigations: 12) When writing the report, the investigator will only determine if a violation of any policy has transpired.
 - If an allegation appears to be criminal the Prosecutors' Office will determine if and what charges are to be filed.

MOU with ACSO:

- If ACSO's investigation results in substantiated allegations of conduct that appear to be criminal, ACSO shall submit its investigation report to the appropriate prosecuting attorney's office or city attorney's office.

PAQ: zero allegations of sexual abuse or sexual harassment received that were criminal and referred for prosecution.

Medical Documentation Sheet: shows all allegations received and follow-up services.

- These are all reports received at intake, as well as one that was received 8 days after intake. All were reports of sexual abuse that occurred in the community.
- This spreadsheet documents, after research, to ensure the allegation had already been reported, if it had not been reported, ACJCS documented it being reported to CPS/law enforcement to investigate.
- These allegations do not require administrative investigations but are good documents of referral to law enforcement of all allegations of sexual abuse the facility receives.

ACJCS exceeds compliance with PREA standard 115.371i. Although there have been zero substantiated allegations of conduct that appear to be criminal, ACJCS has in place a policy requiring their administrative investigators to refer any such allegation that appears to be criminal to the Prosecutors Office. This policy requires ACSO to submit its investigation report to the appropriate prosecuting attorney's office or city attorney's office if substantiated allegations of conduct appear to be criminal.

The MOU, between ACSO and ACJCS, requires ACSO to submit all substantiated allegations of conduct that appear to be criminal to the appropriate prosecuting attorney's office or city attorney's office.

ACJCS exceeds this standard by maintaining a medical documentation sheet that records all allegations of sexual abuse that occurred outside of the facility and are made by residents at intake or during their stay at ACJD. Also documented, ACJCS reports all allegations that have not been previously reported and investigated. In this way, ACJCS ensures these reports are documented, reported, and referred for prosecution.

115.371 j: Compliant

Standard Requirements: The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section 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.

Policy:

- ACJCS PREA Policy 5-1. 15: Documentation relating to the investigation shall be maintained in a separate, confidential investigative file for as long as the accused is incarcerated or employed with the agency, plus 5 years, any record of corrective action or disciplinary action imposed is maintained in the employee file.

Investigation Report review confirmed that this investigation and all investigative documents are kept in a special investigative file that is confidential and the requirement for retention complies with the requirements of this standard.

Management interviews confirm that all investigative files are kept for at least as long as the alleged abuser is incarcerated or employed by the agency, plus 5 years. This is a confidential investigative file and only available to those with the need to know.

ACJCS policy and practice are compliant with this standard 115.371j requirement to retain written reports for the time frame required by this standard. Review of policy/procedure, file review, and staff interviews confirm that compliance with this part of standard 115.371 is compliant in paperwork, practice, and is ingrained in facility culture. The section g and h, referenced in the standard requirements are under corrective action; however, retention of said reports is compliant.

115.371 I: N/A

Standard Requirement: Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

ACJCS does not have any state entity or DOJ component that conducts investigations at their detention facility.

115.371m: Compliant

Standard Requirement: *When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.*

Policy:

- ACJCS PREA Policy 5-1.17j: Detention staff will cooperate fully with investigators.
- ACJCS Investigation Policy 5-2, section 1b: "ACJS staff shall cooperate with ACSO's investigators throughout the investigative process."
- ACJCS Investigation Policy 5-2, section 2b: HR will work with ACSO to ensure the administrative investigation does not impede any potential criminal investigation.

Interviews:

- Investigator interviews confirmed that when law enforcement (ACSO) is investigating an incident of sexual abuse, they support the investigation by providing any information they may need about the parties, any video or phone recordings, and being available for questions/interviews as well. The lead investigator/Detention Manager confirmed that he would stay informed about all investigations conducted by law enforcement.

Additional documentation reviewed during this audit pertaining to this standard**Staff Training:**

- Employee yearly PREA refresher training curriculum: that all staff, including those designated as investigators receive.
- Staff Training about investigations-for all employees:
- Staff Training PowerPoint: page 32, Types of PREA Investigations-resident-on-resident sexual harassment-investigated by an in-house PREA Investigator. Resident-on-resident sexual abuse – ACSO; staff on resident sexual abuse – criminal by ACSO and HR conducts the administrative investigation. Page 34 – evidence collection.
- Staff statements of acknowledgment and understanding of training. These are signed acknowledgments of completing and understanding the PREA employee training given to all ACJCS Detention staff yearly.
- Staff training logs: PREA refresher training documented as occurring every year. This includes the training logs for all staff interviewed on the site visit. All designated investigators are required to have the same training as these employees.
- Staff training logs: PREA refresher training documented as occurring every year. This includes the training logs for all staff interviewed on the site visit. All designated investigators are required to have the same training as these employees.

Incident Reviews: Review by the Incident Review Team

ACJCS Annual report: shows all allegations reported since 2015.

Grievances: a review of grievances that were reviewed to ensure there was no sexual component or needing an investigation. None reached the standard of a sexual allegation.

SSV reports All reports that document allegations received and findings since 2016,

Compliance assessment:

ACJCS policies are compliant with the standard 115.371m requirement of cooperating with outside investigators and endeavoring to remain informed about the progress of the investigation.

The practice is in place to cooperate with law enforcement when they are conducting investigations, stay in contact, and remain informed about the investigation progress, in policy, MOU, and in practice.

ACJCS is compliant with the requirements of this standard in policy and practice being ingrained into the culture at ACJCS.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>.Standard:115.372 - Evidentiary standard for administrative investigations</p> <p>Compliance Assessment: Compliant</p> <p>Anacronyms used in this standard report:</p> <ul style="list-style-type: none"> • ACJCS: Ada County Juvenile Court Services • ACJD: Ada County Juvenile Detention (audited facility) <p>Documentation Reviewed for Compliance: PREA Policy 6-1.2f.</p> <p>Interviews: investigators</p> <p>Site Review Observations: The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: interviews of staff, residents, the ACJCS PREA Coordinator (PC) and management, ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p>The following describes how the evidence below was used to determine compliance:</p> <p>PREA Policy 6-1.2f: The agency shall impose no standard higher than the preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Interviews:</p> <p>Investigative staff interviews confirmed that the “preponderance of the evidence” is the standard used for administrative investigations of sexual abuse and sexual harassment.</p> <p>Assessment of Compliance for 115.371:</p> <p>ACJCS is compliant for imposing no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Interviews with facility-designated investigators and a review of ACJCS policy confirm that this standard is compliant with policy and practice is ingrained in facility culture.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 687 297">Standard: 115.373 - Reporting to Residents</p> <p data-bbox="242 304 632 331">Compliance Assessment: Compliant</p> <p data-bbox="242 396 655 423">Anacronyms used in this standard report:</p> <ul data-bbox="280 474 767 535" style="list-style-type: none"> • PC: ACJCS PREA Coordinator • ACJCS: Ada County Juvenile Court Services <p data-bbox="242 564 815 591">ACJD: Ada County Juvenile Detention (audited facility)</p> <p data-bbox="242 620 1490 716">Documentation Reviewed for Compliance: PREA policy 5-2.11; Policy 5-2.12; Pre-Audit Questionnaire; Investigations 19-02, 1903, 1904, 20-05; Notification forms; Interview Form; Written statements; Incident Report; PREA Policy 5-2.13; PREA Policy 5.2, section 11; PREA Policy 5-2.13</p> <p data-bbox="242 745 1002 772">Interviews: Detention Manager; Detention Assistant Manager; Investigators</p> <p data-bbox="242 801 1485 931">Site Review Observations: The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: interviews of staff, residents, the ACJCS PREA Coordinator (PC) and management, ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p data-bbox="242 960 1430 1021">Compliance Assessment for 115.373 a-f: (see documentation used for compliance assessment following all standard assessments)</p> <p data-bbox="242 1050 469 1077">115.373a: Compliant</p> <p data-bbox="242 1106 1485 1167">ACJCS policy 5-2.12 is compliant with the requirements of this standard to have a policy requiring notification of any resident who alleges sexual abuse/harassment, of the finding of the investigation.</p> <p data-bbox="242 1196 1477 1256">Interviews with designated facility investigators confirm practice is compliant as this required notification is made as soon as the investigation is completed unless the resident has left the facility.</p> <p data-bbox="242 1285 1474 1346">Investigations in secure investigative files confirmed that the practice of completing the investigation for each allegation had been completed by designated facility investigators, and the notification matched the finding.</p> <p data-bbox="242 1375 1490 1435">Notification Forms in investigation files confirmed that the notifications on three of the four investigations had been completed and that one resident left before the notification could be made. These forms are signed by the resident and dated.</p> <p data-bbox="242 1464 1465 1525">ACJCS is compliant with standard 115.373a in policy/procedure and documentation, as well as practice that is ingrained in the facility culture.</p> <p data-bbox="242 1554 464 1581">115.373b: Compliant</p> <p data-bbox="242 1610 1461 1671"><i>PREA Standard Requirement: If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.</i></p> <p data-bbox="242 1700 1474 1796">PREA Policy 5-2.11: This policy states that the agency asks for the relevant information from law enforcement if they conduct the investigation. "If ACJCS did not perform the investigation, ACJCS will request information from the investigative agency to inform the resident."</p> <p data-bbox="242 1825 1453 1886">Pre-Audit Questionnaire: states there were zero investigations of alleged sexual abuse in the facility in the last 12 months and no outside investigations conducted in the last 12 months.</p> <p data-bbox="242 1915 1490 1975">Notification Forms in investigation files confirmed that the notifications on three of the four investigations had been completed and that one resident left before the notification could be made. These forms are signed by the resident and dated.</p> <p data-bbox="242 2004 1453 2134">Investigator interview: confirmed that there had been zero allegations of sexual abuse or criminal sexual harassment that had been referred to law enforcement. ACJCS has only had 4 allegations of alleged sexual harassment, resident-to-resident, that were investigated by ACJCS designated facility investigators. They also confirmed that they would ask law enforcement for the investigation details/report so they could notify the residents of the finding.</p>

ACJCS is compliant with the requirement of PREA standard 373b.

ACJCS policy has all the requirements to ensure the agency will request the investigation reports from law enforcement in order to notify residents of the finding of the investigation.

Interviews confirmed the above policy would be followed, as they now notify residents of the administrative investigations—as shown by the Notification forms in the investigative files.

ACJCS is compliant with 115.373b in policy/procedures and documentation, as well as practice that is ingrained in the practice of the facility.

115.373 c, d, e f:

Standard Requirements:

- *C: Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.*
- *D: Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.*
- *E: All such notifications or attempted notifications shall be documented.*
- *F: An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.*

Policy:

- ACJCS Policy 5-2.12 requires notification of residents, who made the allegation, to inform the resident if the staff member is no longer posted where they have contact, is no longer employed with ACJCS, and if ACJCS learned that staff member has been indicted on a charge related to sexual abuse within the facility, or if the staff has been convicted on a charge related to sexual abuse within the facility. This policy is compliant with the requirements of this standard.
- PREA Policy 5-2.13: all such notifications or attempted notifications will be documented, and ACJCS is not obligated to report to the resident if the resident is no longer in custody at ACJCS. This policy is compliant with PREA Standard 115.373 f that states the agency does not have to notify a resident after they have left the facility.
- Agency policy/procedure has all the required components, and the notification form has been in use to notify residents who make sexual abuse and harassment allegations for more than 12 months, including notification if the staff member is no longer posted where they have contact, is no longer employed with ACJCS, and if ACJCS learned that staff member has been indicted on a charge related to sexual abuse within the facility, or if the staff has been convicted on a charge related to sexual abuse within the facility. In addition, compliant with the policy that ACJCS does not have to notify a resident after they leave the facility.

ACJCS states in the Pre-Audit Questionnaire that there have been zero staff allegations in the last 12 months; however, ACJCS uses the notification form, for residents, and has had it in place and practice for all allegations/investigations.

ACJCS Notification Forms were reviewed and comply with the practice of this standard. All allegations/investigation files have notification forms that the resident signs and dates when the notification is made. This form has a checkbox beside the kind of notification is being made and a place for the resident's signature, and date of receiving the notification, and the staff's name, date, and signature certifying that they made the notification.

Interviews with designated facility investigators stated that:

- Notification of the resident is a part of their responsibility in order to complete an investigation and they have made this notification for 3 or the 4 investigations—the fourth notification was not completed as the resident left the facility before this was completed.
- Interviews confirm the resident is notified for every investigation and the form and notification covers all the required notifications and includes signature and date of the notified resident and the notifying staff. Interviews also confirm that this notification process is a required and standard part of the investigation process and is required to be in the investigative file to document the notification.

There were zero residents in the facility who had made an allegation of sexual abuse or sexual harassment, to be interviewed.

ACJCS is compliant with standard 115.373c, d, e, and f.

ACJCS is compliant with standard 115.373 c, d, e, in policy/procedure, documentation, and practice that is ingrained in the culture.

The following describes the evidence below used to determine compliance:

Policy:

PREA policy 5-2.11: The results of the investigation will be communicated to the complainant victim, and the accused, on a need-to-know basis after the investigation had concluded. If ACJCS did not perform the investigation, ACJCS will request information from the investigative agency to inform the resident.

PREA Policy 5-2.12: Following a residents allegation that a staff member has committed sexual abuse against a resident (unless the allegation is determined to be unfounded ACJCS shall subsequently inform the resident whenever: the staff member is no longer posted where they may have contact with the resident; the staff member is no longer employed with ACJCS; ACJCS learns that the staff member has been indicted on a charge related to sexual abuse within the facility; ACJCS learns that the staff member has been convicted on a charge related to sexual abuse within the facility. (see policy in 115.371 for this)

PREA Policy 5-2.13: Following a residents allegation that they have been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever; ACJCS learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility, learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility, and, all such notifications or attempted notifications will be documented, and ACJCS is not obligated to report to the resident if the resident is no longer in custody at ACJCS

Pre-audit questionnaire:

- The number of criminal and or administrative investigations of alleged sexual abuse completed by the agency/facility in the last 12 months: 4. Of those 4 were completed.
- There were zero investigations completed by an outside agency in the last 12 months. And so, no notifications.
- Investigations: There were four investigations of alleged sexual harassment included in audit documentation and investigation files.
- Notifications: There were signed and dated notifications for residents on each of the two unsubstantiated investigations and one unfounded allegation. One investigation did not have notification of the unfounded investigation due to being released before the notification.
- ACJCS states there have been zero substantiated or unsubstantiated complaints of sexual abuse committed by a staff member and zero notifications.

PREA Standard Requirement: *Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.*

Auditing Requirement: The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

Policy:

- PREA Policy 5-2.12: Following a residents allegation that a staff member has committed sexual abuse against a resident (unless the allegation is determined to be unfounded ACJCS shall subsequently inform the resident whenever: the staff member is no longer posted where they may have contact with the resident; the staff member is no longer employed with ACJCS; ACJCS learns that the staff member has been indicted on a charge related to sexual abuse within the facility; ACJCS learns that the staff member has been convicted on a charge related to sexual abuse within the facility. (see policy in 115.371 for this)
- ACJCS Policy 5-2.12 is compliant with the requirement of this standard for the agency to have a policy that requires notification of any resident, who makes an allegation of sexual abuse/harassment, as to whether the allegation is substantiated, unsubstantiated, or unfounded following an investigation by the agency.
- PREA Policy 5.2, section 11: If ACJCS did not perform the investigation, ACJCS will request information from the investigative agency to inform the resident.

Investigations included in the documentation of this audit confirmed that there were notifications for three of the four

residents who made allegations.

- One unfounded notification was not made due to the resident leaving the facility before the investigation completed and notification could be made.
- These notifications were dated and signed by the resident, and a part of the investigation file and were completed on all four investigations.

Interviews:

- Designated facility Investigators confirmed that at the end of the investigation, they notify residents of the finding of the investigation.
- One investigator noted that one notification was not made because the resident left the facility before notification could be made.

ACJCS/ACJD is compliant with PREA standard 115.373

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard: 115.376: Disciplinary sanctions for staff</p> <p>Compliance Assessment: Compliant</p> <p>Anacronyms used in this standard report:</p> <p>ACJCS: Ada County Juvenile Court Services</p> <p>ACJD: Ada County Juvenile Detention (audited facility)</p> <p>ACSO Ada County Sherriff's Office</p> <p>Documentation Reviewed for Compliance: PREA Policy 5-1, section 22; PREA Policy 5-1, section 22a; PREA Policy 5-1, section 22b; PREA Policy 5-1, section 22c; ACJCS PREA Incident Review; staff training curriculum; staff training logs, staff acknowledgement and understanding statements; Pre-Audit Questionnaire; PREA incident review; Idaho law 18-6110, 15-01, 1506, 15-06a, 15-08, 15-08a, 6101.1.</p> <p>Interviews: Staff, Management.</p> <p>Site Review Observations: The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: observations and interviews of random staff, residents, the ACJCS PREA Coordinator (PC), ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p>Assessments of Compliance for 115.376 a-d: (see documentation used to make the compliance determination at the end of this report.</p> <p>115.376a, b:</p> <p>Standard Requirements:</p> <p>A: Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>B: Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p>ACJCS Policy 5-1, section 22: requires staff, contractors, and volunteers are subject to disciplinary sanctions up to and including termination for violating sexual abuse and sexual harassment policies and is compliant with the requirement of standard 115.376a.</p> <p>PREA Policy 5-1, section 22c: requires reporting all terminations, for violations of agency sexual abuse or harassment policies are to be reported to law enforcement and complies with the agency requirements of 115.376b</p> <p>An incident review, from over four years ago, completed on an allegation of a staff touching a resident's bottom, the staff person was required to go through professional boundaries training. The allegation was not substantiated; however, the investigation and review found that there were some professional boundary issues needing to be addressed and this was recommended and completed.</p> <p>Staff yearly PREA training and refresher includes training on termination being the presumptive disciplinary sanction for staff engaged in violating the agency sexual abuse and sexual harassment policies; Idaho law on disciplines for staff; Consequences of such behavior, official liability, civil liability, and criminal liability.</p> <p>Interviews with staff confirmed that they understand what sexual abuse and sexual harassment is and 100% of staff stated</p>

that termination was the discipline for staff involved in a sexual abuse incident. Also confirmed receiving yearly refresher training on this and understanding it clearly. Also, all officers at ACJDS Detention are trained and certified as Peace Officers through the P.O.S.T academy.

Management interviews confirmed that any staff that violated sexual abuse or harassment policies would be terminated and would be reported and lose their designation as Peace Officers, which would ensure they would no longer be employed at detention. Management interviews confirmed that there have been zero allegations of staff sexual abuse or harassment in the last three years, and no terminations from employment.

On-site observations confirmed a very professional relationship between staff and residents, ensuring no staff was ever alone with a resident of the opposite gender, and camera coverage where the observing control room staff documented all supervision/room checks and all areas of the facility where there were residents and staff.

ACJCS is compliant with this standard 115.376 a/b in policy/paperwork, training of staff and staff understanding of the training received, and practice of professional interactions with residents. In addition, enforcing discipline and consequences, up to and including termination, as represented by the one allegation they received and corrective action is taken.

ACJCS is compliant in policy/paperwork and documentation, as well as practice that is ingrained into the culture of the facility. There have been zero allegations of staff-on-resident sexual abuse or harassment in the last three years.

115.376c: Compliant

PREA Standard Requirement: Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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.

PREA Policy 5-1, section 22b is compliant, in policy, with this standard requirement. ACJCS policy requires that the nature and circumstances of the acts committed, staff's disciplinary history, and sanctions imposed for comparable offenses by other staff with similar issues, are taken into account- for staff violations relating to sexual abuse or sexual harassment (other than engaging in sexual abuse). This policy is compliant with this requirement.

ACJCS states in the Pre-Audit Questionnaire that there has been zero staff who have engaged in sexual abuse or sexual harassment, and zero disciplinary actions are taken.

The one allegation from four years ago, that was not substantiated, was reviewed by this auditor and the staff received additional professional boundary training to ensure the understanding of the required boundaries staff are to maintain with residents.

Staff interviews confirmed that all staff interviewed received the yearly refresher PREA training and included in that training was on termination being the presumptive disciplinary sanction for staff engaged in violating the agency sexual abuse and sexual harassment policies; Idaho law on disciplines for staff; Consequences of such behavior, official liability, civil liability, and criminal liability. Staff training logs and statements of acknowledgment and understanding confirm these statements.

ACJCS is compliant with 115.376c in paperwork/procedures and documentation, as well as interviews and records review confirming that training and practice are ingrained in the culture of this facility.

115.376d:

PREA Standard Requirement: 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

ACJCS, in the Pre-Audit Questionnaire, stated that there have been zero allegations received of allegations of violations of sexual abuse and sexual harassment agency policies, and zero staff who resigned-who would have been terminated for this violation-so zero staff members were reported to law enforcement or licensing bodies in the last three years. File reviews confirm the only allegation is over four years old and was not substantiated, so not reported to licensing boards.

100% of staff and management interviews confirmed their understanding that if they violate any of the agency policies regarding sexual abuse or sexual harassment, they will be terminated, lose their Peace Officer certification, and be reported to law enforcement and licensing bodies/boards that certify them. Management interviews also confirmed there have been zero staff who resigned when they would have been terminated, in the last three years; however, the incident review would include the actions taken, including reporting to licensing boards and law enforcement.

ACJCS is compliant with standard 115.376c in policy/paperwork, documentation, and practice that is ingrained in facility culture.

Auditor Recommendation: Ensure ACJCS policy has the requirement that staff is reported to licensing boards if they violate agency sexual abuse or sexual harassment policies. This appears to be the practice, from interviews with staff and management; however, I recommend it be a part of your policy to ensure policy and practice are consistent.

ACJCS is compliant with standard 115.376 a-d.

The following describes the evidence used to determine compliance for standard 115.376 a-d.

PREA Policy 5-1, section 22: Staff, contractors, and volunteers shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

PREA Policy 5-1, section 22a: Termination shall be the presumptive disciplinary action for staff who have engaged in sexual abuse.

PREA Policy 5-1, section 22b: Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff members disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.

PAQ: states there have been zero staff who have been disciplined for this part of the standard. States that there has been zero staff, in the last 12 months that 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. states that there has been zero staff, in the last 12 months that 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.

PREA Policy 5-1, section 22c: All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated, if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal.

ACJCS PREA Incident Review: 11/30/2016 (notes in private auditor's review)

Staff on resident sexual abuse allegation 2016; This allegation, staff touching the buttock of a resident, is a sexual abuse allegation. Determination unsubstantiated. Professional boundary training.

Staff training: PREA and yearly refresher:

Page 5 of the staff training included in this documentation: Zero Tolerance Policy that includes administrative and criminal sanctions and Idaho law related to those sanctions; Page 6: Idaho Code 18-611: it is a felony for any corrections employee to have sexual contact with a prisoner, any person found guilty is punishable by imprisonment for a term not to exceed life, the legislature broadened the scope of a prisoner to include juvenile offenders; Page 7-8: Consequences: lists behavior of sexual misconduct or sexual harassment to include: turning a blind eye and failure to report. Official Liability: failure to train, negligent supervision; civil liability, criminal liability, monetary judgments, registering as a sex offender, outside monitoring, shame and embarrassment, end of a career. Offenders are not capable of consenting to have sex with any staff member, volunteer, contract provider, or agent of the agency; Page 9: sexual abuse in confinement. Page 13-15, avoiding inappropriate relationships; Page 16: sexualized environments and dangers; Page 12: signs of staff-on-resident sexual abuse; Page 19: sexual abuse includes Page 20: sexual harassment; Page 32 Types of PREA Investigations; page 36: Ensuring Resident Well Being

Staff acknowledgment and understanding statements. All signed staff statements are included in audit documentation of all random staff interviewed.

Staff Training logs: All staff training logs, showing date and what training they are completed-including yearly PREA refresher, are documented since 2011 or as long as the staff has been employed.

Interviews: Random staff interviews confirmed the understanding of professional boundaries and the consequences of not maintaining those boundaries. Staff related they have yearly PREA training and are also trained, Peace Officers. 100% of staff could tell me what sexual abuse and sexual harassment are, the consequences for violating agency policies around sexual harassment and abuse, and how they maintain a non-sexualized environment. 100% of staff and management interviews confirmed their understanding that if they violate any of the agency policies regarding sexual abuse or sexual harassment, they will be terminated, lose their Peace Officer certification, and be reported to law enforcement and licensing bodies/boards that certify them.

Management interviews confirmed that any staff that violated sexual abuse or harassment policies would be terminated and would be reported and lose their designation as Peace Officers, which would ensure they would no longer be employed at detention. Management interviews confirmed that there have been zero allegations of staff sexual abuse or harassment in the last three years, and no terminations from employment. Management interviews also confirmed there have been zero staff who resigned when they would have been terminated, in the last three years; however, the incident review would include the actions taken, including reporting to licensing boards and law enforcement.

115.377	Corrective action for contractors and volunteers
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 916 300">Standard: 115.377 Corrective action for contractors and volunteers</p> <p data-bbox="240 331 834 358">Compliance Assessment: Compliant after corrective action</p> <p data-bbox="240 389 655 416">Anacronyms used in this standard report:</p> <ul data-bbox="282 465 879 528" style="list-style-type: none"> • ACJCS: Ada County Juvenile Court Services • ACJD: Ada County Juvenile Detention (audited facility) <p data-bbox="240 555 1437 649">Documentation Reviewed for Compliance: PREA Policy 5-1, section 22d; Pre-Audit Questionnaire; volunteer training completed and an understanding statement signed by this auditor; Revised PREA Policy 5-1, section 22-after corrective action</p> <p data-bbox="240 680 1121 707">Interviews: PC, Detention Manager, Assistant Detention Manager, Volunteer, Contractor</p> <p data-bbox="240 739 1469 864">Site Review Observations: The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: interviews-of staff, residents, the ACJCS PREA Coordinator (PC) and management, ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p data-bbox="240 896 496 922">115.377 a, b: compliant</p> <p data-bbox="240 954 1437 1048"><i>A: standard requirement: Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</i></p> <p data-bbox="240 1079 1477 1137"><i>B: The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</i></p> <p data-bbox="240 1169 400 1196">ACJCS Policy:</p> <p data-bbox="240 1227 1469 1352">ACJCS policy 5-1, section 22, and 22b: "Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be 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."</p> <p data-bbox="240 1384 1458 1478">ACJCS PREA Policy 5-1, section 22d, revised during corrective action, states, "A contractor or volunteer who violates the agency sexual abuse or sexual harassment policies shall be prohibited from contact with the residents and any potential criminal activity will be reported to law enforcement and to relevant licensing bodies."</p> <p data-bbox="240 1509 416 1536">Documentation:</p> <p data-bbox="240 1568 1477 1729">The online audit system PAQ, filled out by ACJCS, states that "ACJCS has agency policy that requires reporting to law enforcement, any contractor or volunteer who engages in sexual abuse unless the activity was clearly not criminal. (A1) and prohibiting contact with residents. states there have been zero contractors/volunteers reported to law enforcement and relevant licensing bodies, and zero contractors/volunteers reported to law enforcement, for engaging in sexual abuse of residents."</p> <p data-bbox="240 1760 679 1787">Interviews and document review on site:</p> <p data-bbox="240 1818 1477 1912">Interviews confirmed that volunteers are never alone with residents and that if there ever was an incident of sexual abuse or sexual harassment, the volunteer or contractor would immediately be banned from contact with residents and if a criminal allegation, reported to law enforcement and any licensing boards appropriate.</p> <p data-bbox="240 1944 1469 2038">One contractor, that conducts a group without staff in the room. has received the same training as staff and during group is able to supervise residents as a staff person, and the group is conducted s in a classroom, with glass walls, that monitoring staff can see what is occurring.</p> <p data-bbox="240 2069 1437 2163">A volunteer interview confirmed knowledge that sexual abuse and sexual harassment are prohibited and any violation of agency and PREA policies would entail the volunteer/contractor being banned from the facility and reported to law enforcement and any licensing boards that were relevant.</p>

Management interviews confirmed that as soon as an allegation of sexual abuse or sexual harassment is received, the contractor/volunteer would be banned from contact with residents, while an investigation was conducted. At the conclusion of the investigation, ACJCS would determine whether to continue the ban or allow the volunteer/contractor to resume their duties in the facility. Interviews confirmed that any volunteer or contractor who engages in sexual abuse will be not only reported to law enforcement, but to any relevant licensing bodies.

This auditor received the volunteer training and signed an understanding of the training.

During the site review, this auditor observed a contractor who conducted a group with residents, in a glassed-in classroom. This contractor is classified as security staff, during his group, and has completed completing employee training, including physical restraint training.

In addition, contracted doctors, at the facility, always have a nurse in the room when examining a resident.

A review of investigations confirmed that there were zero contractor or volunteer allegations made and zero contractors or volunteers banned from contact with residents.

This auditor received and completed the volunteer/contractor training and signed the understanding statement, which included being prohibited from contact if violating the agency's sexual abuse or sexual harassment policies.

ACJCS is compliant with 115.377a and b:

Volunteers and contractors are trained on PREA requirements, including being prohibited from contact with residents and being reported to law enforcement and any relevant licensing bodies for engaging in sexual abuse or sexual harassment. All volunteers complete training and sign the training form certifying their understanding. All volunteers/contractors, including this auditor, completed this training and signed statements of understanding.

115.378	Interventions and disciplinary sanctions for residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 855 365">Standard: 115.378 Interventions and disciplinary sanctions for residents Compliance Assessment: Compliant</p> <p data-bbox="240 400 655 427">Anacronyms used in this standard report:</p> <ul data-bbox="282 477 884 602" style="list-style-type: none"> • ACJCS: Ada County Juvenile Court Services • ACJD: Ada County Juvenile Detention (audited facility) • OAS Online Audit System (DOJ) • ACSO Ada County Sherriff's Office <p data-bbox="240 633 1461 759">Documentation Reviewed for Compliance: Investigations; Incident Review, SSV reports, ACJCS PREA Policy 5-1, section 23a; The Behavior Violation Notice Form; ACJCS PREA Policy 5-1, section 23a.ii; ACJCS PREA Policy 5-1, section 23a.iii; Pre-Audit Questionnaire; PREA Policy 5-1, section 23a.iv; PREA Policy 5-1 section 23a.i; PREA Policy 5-1, section 23b; PREA Policy 5-1, section 23c; PREA Policy 5-1, section 23d.</p> <p data-bbox="240 790 1445 817">Interviews: Detention Manager, Assistant Detention Manager, Medical and Mental Health Staff, Residents, Random staff</p> <p data-bbox="240 848 1469 974">Site Review Observations: The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: interviews-of staff, residents, the ACJCS PREA Coordinator (PC) and management, ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p data-bbox="240 1005 655 1032">Compliance assessment for 115.378 a-g:</p> <p data-bbox="240 1064 344 1090">115.378 a</p> <p data-bbox="240 1122 488 1149">Standard Requirements:</p> <p data-bbox="240 1180 1489 1272">A1: Resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p data-bbox="240 1303 1469 1364">A2: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p data-bbox="240 1395 392 1422">ACJCS Policy:</p> <p data-bbox="240 1453 1469 1545">ACJCS PREA Policy 5-1, section 23a is compliant with the requirements of A1 for administrative findings. This includes residents being subject to disciplinary sanctions only after a formal disciplinary process, following a finding that the resident engaged in resident-on-resident sexual abuse.</p> <p data-bbox="240 1576 1469 1702">The Behavior Violation Notice Form used to document an administrative finding includes the residents name, date, time, violation, and comments. In addition, the resident can use this form to request a hearing or state they do not want a hearing and accept the issued consequences. This is signed by the resident and the detention officer. There were zero violations of this policy and use of this violation notice or a disciplinary hearing in the facility in the last 12 months.</p> <p data-bbox="240 1733 456 1760">Investigation Review:</p> <p data-bbox="240 1792 1469 1917">ACJCS stated in the Pre-Audit Questionnaire, that there have been zero findings of resident-on-resident sexual abuse that have occurred at the facility. In addition, states that there have been zero criminal findings of guilt for resident-on-resident sexual abuse in the last 12 months. There have been zero residents placed in isolation as a result of disciplinary actions for resident sexual abuse that occurred at the facility in the last 12 months.</p> <p data-bbox="240 1948 1493 2074">ACJCS PREA Policy 5-1, section 23a: If during the course of the investigation, it is reported by the investigators or prosecutors that there is a preponderance of evidence to substantiate an administrative finding that the juvenile engaged in juvenile-on-juvenile sexual abuse or following a criminal finding of guilt for juvenile-on-juvenile sexual abuse, the juvenile shall be subject to disciplinary sanctions pursuant to the formal disciplinary process outlined in policy chapter 7-3.</p> <p data-bbox="240 2105 1414 2132">23 i) Any disciplinary sanctions shall be commensurate with the nature and circumstance of the abuse committed, the</p>

juvenile's discipline history, and 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 their behavior.

ACJCS Policy 7-3, Discipline Policy states: "Resident discipline will include a positive approach in assisting the resident to be responsible for his/her actions. The degree of the disciplinary action, sanction, or restriction initiated against any resident shall be directly related to the severity of the rule broken, as detailed in the resident handbook. The objective of the system shall be voluntary acceptance by residents of certain limitations and responsibilities within the program."

PURPOSE: "Residents will learn responsibility for their actions by providing consequences and positive feedback. The intent is that they can take the skills they learn from their experience in detention and apply them after they leave detention."

Procedures: 2,3 and 5:

2) Staff shall maintain a profile that demonstrates active interest and involvement in the resident's activities and emotional status. Consistent verbal intervention shall be utilized in detailed rules and procedures in an effort to prevent unwarranted behavior. Sarcasm, name-calling, and abusive language by staff are prohibited.

3) The following progression of staff intervention shall be used in dealing with unacceptable resident behavior.

- Verbal intervention or warnings
- Timeouts
- Behavior Management Group for two to five days

5) Behavior Management Group is used for a resident that is displaying serious behavior problems such as ...violations of the sexual abuse or harassment policy. In these types of cases, the resident will be given a citation indicating the behavior and the recommended time in the Behavior Management Group.

- The resident may elect to have a disciplinary hearing or refuse the hearing and accept the consequences. If a resident chooses to have a hearing, the following guidelines will be used:
- The hearing will be held within twenty-four hours of notice.
- The hearing panel will consist of two or more non-partial individuals (management and/or staff not involved in the incident).
- The resident may choose a witness to speak on their behalf
- The hearing panel may elect to acquit the resident totally, impose the recommended time, or impose a different amount of time (two to five days is the limitation of time for Behavior Management Group).
- Once the hearing panel has made its decision, it is final. The decision will be made on a separate form and attached to the incident report.
- The resident will begin serving their time at the completion of the hearing. If other circumstances prevail such as escape attempts or acts of threats or violence; the resident may have already served room time before the hearing and will get credit for that time served.
- In the event the resident does not want a hearing, the resident will sign the citation. The citation will be attached to the original incident report to be forwarded.

6) Administrative Behavior Management is used when a resident has proven through continued violence towards others, and continuous major disruptions of the program, that he/she cannot function within the program setting. The Detention Manager will decide if a resident needs to be placed on Administrative Behavior Management, and additionally, they will decide when the resident is ready to return to the regular population.

An incident report will be written if a juvenile is placed on Administrative Behavior Management. The restrictions will be reviewed daily by the Detention Manager.

Residents in Behavior Management Group shall be allowed out of their rooms to:

- Shower and clean up.
- Have thirty minutes of large muscle exercise and thirty minutes of free time. This time is to be held separately from regular programming.
- Attend school unless there is a safety and security concern with the resident being in the classroom.
- Receive medical treatment.
- Receive psychological/psychiatric testing and counseling.
- Appear in court as scheduled.
- Receive visits from their Probation Officer, Caseworker, parent, guardian, attorney, and clergy.

8) The resident handbook details resident's rights, program features, prohibited behavior, and penalties that may be imposed for rule violations. The objective is to further the social reintegration of the juvenile into a responsible mode of functioning

rather than simply maintain order. These rules emphasize the resident's rights and the required responsibilities for maintaining these rights, as well as maintaining a social environment that is as normal as possible.

Interviews and Documentation:

Interviews: Management staff confirmed ACJD has not given any major discipline that resulted in a Behavior Management Program for any PREA related allegations. The most done is rehousing a resident in a different area, and any discipline would be documented in the SSV spreadsheet with SSV data.

SSV Spreadsheet: A review of this spreadsheet confirms only one resident was moved and no other discipline was given on any PREA allegation.

Behavior Violation Notice: This is a very simple form that lists the resident's name, date, time, violation, comments from the resident, and if the resident wants a hearing or does not want a hearing and accepts the issued consequences. Both the resident and the detention officer sign the form.

ACJCS/ACJD is compliant with PREA standard 115.378a. Policies 5-1 and 7-2 are in place and compliant with the policy/procedures language. Interviews and review of documentation confirm that the practice is in place and documented. Although there have been zero disciplinary measures taken for guild for sexual abuse, the process is in place and the required practice and documentation in place for such incidents.

115.378 b, c:

PREA Standard Requirements:

B: Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

C: The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

ACJCS PREA Policy 5-1, section 23a.ii requires a resident to receive large muscle exercise, access to legally required programming, or special education services. This policy is compliant with standard 115.378b.

Policy:

ACJCS PREA Policy 5-1, section 23a.iii is compliant with requiring daily visits from medical or mental health.

ACJCS PREA Policy 5-1, section 23a is compliant with requiring residents to have access to other programs.

ACJCS PREA Policy 5-1, section 23a.i, is compliant with requiring ACJCS to consider the resident's mental disabilities or mental illness when considering any disciplinary sanctions.

ACJCS states, in the Pre-Audit Questionnaire, there have been zero residents placed in isolation as a disciplinary action for resident-on-resident abuse. In addition, ACJCS states there have been zero criminal findings of guilt for resident-on-resident sexual abuse that occurred at the facility.

A review of documentation/files (SSV reports, grievances, major discipline forms, investigations, incident review) confirms that there have been zero allegations of sexual abuse, resident-to-resident, in the last three years. In addition, zero residents were placed in isolation, as a disciplinary action. There have been 4 allegations of sexual harassment; however, none resulted in the isolation of the resident. Residents have been rehoused into other units, but no isolation. There were zero discipline forms documenting any ACJCS residents being isolated for sexual abuse or sexual harassment as a disciplinary action.

On-site observations confirm that all residents have individual rooms, and the resident is the only resident allowed in that room. Residents are moved to another unit, rather than isolated, to ensure the safety of the victim.

Interviews:

Management interviews confirm the following practice:

- Residents have individual rooms and so the use of isolation, for residents would only be used after re-housing the resident into another unit and continued safety issues.
- The use of a formal disciplinary process for disciplinary action-including isolation.
- Discipline for residents always takes into consideration the mental health or status of the resident,
- After going through the formal disciplinary process and disciplinary action is determined, the use of the formal Behavior Violation Form for the resident to ask for a hearing or agree with the action.
- Where isolation is used for discipline, mental health or medical daily visits occur any time a resident is isolated,
- A resident, in isolation, would have access to exercise, programming, education services (maybe with a different group, time, or alone, if necessary, to ensure safety),
- An incident report would be written if isolation were used, and
- Zero residents have been placed in isolation as discipline for sexual abuse or sexual harassment.

ACJCS is compliant with 115.378b.

115.378c:

ACJCS has policy 5-1 that contains the requirements of this standard, (daily exercise, legally required educational programming, special education services, daily visits from medical or mental health, and opportunity for access to other programs or opportunities, as documented above.

ACJCS has a formal disciplinary process to determine discipline for residents. Interviews confirm that the sanctions consider the nature and circumstances of the abuse, residents' history, and sanctions for comparable offenses, and mental health or status of the resident. In addition, any disciplinary sanctions involving isolation are documented in an incident report. A review of incident reports confirms that zero residents have received isolation as a disciplinary action for sexual abuse. ACJCS also uses a Behavior Violation Form to document the sanctions, and there is a place, on this form, for the resident to ask for a hearing.

Interviews with medical and mental health practitioners confirm the practice of residents in isolation receiving daily visits from medical or mental health; and interviews with management staff confirms re-housing, in another unit, or education or programming with another unit, as the most common solution used when a resident is a safety risk to a particular resident on that unit.

Management interviews confirm understanding of the process that must be taken (formal disciplinary process, determination by the Behavior Violation Form, ability of resident to ask for a hearing), to sanction a resident with isolation, and the requirements of daily visits with mental health or medical, exercise, education-including special education, access to other programming, and daily or at the most weekly reassessments to see when a resident can return to regular housing.

Document reviews, site observations, interviews, and policy review, confirms this determination of ACJCS compliance, for standard 115.378b, in policy, paperwork, and understanding, and the required practice is ingrained in the culture of ACJCS.

115.378d: N/A

PREA Standard Requirement: If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to accessing general programming or education.

ACJCS stated on their Pre-Audit Questionnaire that they do not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

ACJCS is a short-term juvenile detention facility. It does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

115.378 e:

Standard Requirement: The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

ACJCS PREA Policy 5-1, section 23b is compliant in requiring that ACJCS can only discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Interviews with management confirm that there is no basis for sexual contact of staff to residents. The imbalance of power is outlined in Idaho law and ACJCS policy, and there is no such thing as consent for sexual activity- of staff with a resident. The only exception is if there is sexual contact with a staff member, where the staff member did not consent to the contact. That action would be reported to law enforcement for prosecution.

ACJCS is compliant with the requirements of standard 115.378e

115.378f:

Standard Requirement: For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

PREA Policy 5-1, section 23c: is compliant with the requirement that a resident who makes a sexual abuse report, made in good faith, does not constitute false reporting or lying.

Management interviews confirm that they encourage residents to report "suspicion" knowledge, or information about a sexual abuse or harassment incident. In addition, they do not discipline a resident who made a report in good faith, even if the allegation is not founded.

All residents interviewed confirmed that they understand that they will not receive discipline if they make a report of sexual abuse or sexual harassment, they will not be disciplined unless making a false report. All residents said they are encouraged to report suspicions of sexual abuse or harassment occurring.

ACJCS is compliant with standard 115.378f. ACJCS has a compliant policy and practice, supporting this compliance assessment, that is ingrained in the facility culture.

115.378g:

Standard Requirement: An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

ACJCS PREA Policy 5-1, section 23d prohibits all sexual activity between residents and is this policy is compliant with standard 115.378g, in requiring such activity is subject to discipline; however, determining that such activity may be deemed sexual abuse only through an investigation that determines such activity to be coerced.

Resident interviews confirm the understanding of all residents interviewed that all sexual activity is prohibited and subject to discipline. In addition, all but one resident also understood that if the sexual activity is coerced or forced, it is to be reported and will be investigated as abuse.

Staff interviews confirmed that all staff interviewed knew that all sexual activity between residents is prohibited; however, if that activity is coerced, it is to be reported and investigated as abuse. Staff reported that all sexual activity would be documented in an incident report to ensure such activity is investigated to ensure it is not coerced.

ACJCS is compliant with standard 115.378g. ACJCS policy is compliant and contains all required elements of this standard, staff, and residents clearly demonstrated understanding of the requirements, and paperwork, policy, and practice are ingrained in the culture of this facility.

The following describes the detailed evidence used to determine the above compliance for 115.378 a-g:

PREA Policy 5-1, section 23a: Disciplinary sanctions for residents: or following a criminal finding of guilt for juvenile-on-juvenile sexual abuse, the juvenile shall be subject to disciplinary sanctions pursuant to the formal disciplinary process outlined in policy chapter 7-3

Pre-Audit Questionnaire:

- States there have been zero findings of resident-on-resident sexual abuse that have occurred at the facility.
- States that the number of criminal findings of guilt for resident-on-resident sexual abuse that occurred at the facility, in the past 12 months is zero.
- States there have been zero residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse; B5: so, zero had daily access to exercise and education services; B6 and none denied access to programs and work opportunities the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.
- The facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

PREA Policy 5-1, section 23a:ii: In the event a sanction results in the isolation of a juvenile, ACJCS 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 their behavior clearly jeopardized the safety and security of staff or other juveniles.

PREA Policy 5-1, section 23a.iii: Juveniles in isolation shall receive daily visits from medical or mental health care staff.

PREA Policy 5-1, section 23a.iv: Residents shall have access to other programs to the extent possible

PREA Policy 5-1, section 23a.i: Any disciplinary sanctions shall consider whether a juvenile's mental disabilities or mental illness contributed to their behavior.

PREA Policy 5-1, section 23b: The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

PREA Policy 5-1, section 23c: For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute false reporting of an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

PREA Policy 5-1, section 23d: All sexual activity between residents is prohibited and is subject to disciplinary action; however, such activity may not be deemed sexual abuse if, through the course of the investigation, it is determined the activity is not coerced.

Investigation: This investigation resulted in a substantiated allegation of sexual harassment, resident to Resident. The alleged accused was moved to another pod/unit and staff alerted to keep him separate from the alleged victims. The resolution was that the perpetrator remained in a different pod/unit from the victims and is on no contact list for the victims, on staff sheets.

Incident Report: This report documented the allegations of sexual harassment, alleged on the above investigation, and the action taken—moved the resident to another pod and wing away from other residents.

Incident Review: of the above investigation: The perpetrator remained separated in another pod and wing from the victims for the remainder of his stay.

The Behavior Violation Notice Form is blank because it has not been used for a discipline review that involved disciplinary isolation for a resident, in an incident of sexual abuse or harassment. It contains a place for the resident's name, date, time, violation, and comments. Also contains a place for the resident to mark: Yes, I want to request a hearing or no, I do not want a hearing and accept the issued consequences.

Grievances: Zero grievances alleging sexual abuse.

Interviews: Management interviews state that there have been zero residents placed in isolation as a disciplinary action for resident-on-resident sexual abuse. Additionally, confirmed that all residents placed in isolation receive exercise, education, and daily mental health or medical visits. Also confirmed that all residents have individual rooms and that negates the need for isolation, in most cases. If a resident is placed in isolation, after an allegation of sexual abuse, it would be for a short time until a safety plan could be developed, but even in that circumstance, a resident's own room could be used. Also, the formal disciplinary process must be used, documented, and the resident behavior notice signed with the resident having an opportunity to ask for a hearing.

Management interviews confirm the following practice:

- The use of a formal disciplinary process for disciplinary action for residents placed in isolation,
- The use of the formal Behavior Violation Form for the resident to ask for a hearing or agree with the action used in circumstances; where isolation is used for discipline, mental health or medical daily visits occur any time a resident is isolated,
- Discipline for residents always takes into consideration the mental health or status of the resident,
- A Resident, in isolation, would have access to exercise, programming, education services (maybe with a different group, time, or alone, if necessary, to ensure safety),
- Residents have individual rooms and so the use of isolation, for residents would only be used after re-housing the resident into another unit and continued safety issues,
- An incident report would be written if isolation were used, and
- Zero residents have been placed in isolation as discipline for sexual abuse or sexual harassment.
- Interviews with medical and mental health practitioners confirm the practice of residents in isolation receiving daily visits from medical or mental health; and interviews with management staff confirms re-housing, in another unit, or education or programming with another unit, as the most common solution used when a resident is a safety risk to a particular resident on that unit.
- Understanding of the process that must be taken (formal disciplinary process, determination by the Behavior Violation Form, ability of resident to ask for a hearing), to sanction a resident with isolation, and the requirements of daily visits with mental health or medical, exercise, education-including special education, access to other programming, and daily or at the most weekly reassessments to see when a resident can return to regular housing.

- They encourage residents to report "suspicion" knowledge, or information about a sexual abuse or harassment incident. In addition, they do not discipline a resident who made a report in good faith, even if the allegation is not founded.

Residents interviewed confirmed that they understand that they will not receive discipline if they make a report of sexual abuse or sexual harassment, they will not be disciplined unless making a false report. All residents said they are encouraged to report suspicions of sexual abuse or harassment occurring.

Resident interviews confirm the understanding of all residents interviewed that all sexual activity is prohibited and subject to discipline. In addition, all but one resident also understood that if the sexual activity is coerced or forced, it is to be reported and will be investigated as abuse.

Resident interviews confirm the understanding of all residents interviewed that all sexual activity is prohibited and subject to discipline. In addition, all but one resident also understood that if the sexual activity is coerced or forced, it is to be reported and will be investigated as abuse.

Staff interviews confirmed that all staff interviewed knew that all sexual activity between residents is prohibited; however, if that activity is coerced, it is to be reported and investigated as abuse. Staff reported that all sexual activity would be documented in an incident report to ensure such activity is investigated to ensure it is not coerced.

Mental Health staff interviews: confirm the practice of residents in isolation receiving daily visits from medical or mental health. Also, confirms that mental health staff does meet with residents to assist them in processing abuse; however, does not offer therapy or other interventions to address and correct reasons or motivations for the abuse.

Medical Staff Interviews: confirm the practice of residents in isolation receiving daily visits from medical or mental health.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard: 115.381 Medical and mental health screenings; history of sexual abuse</p> <p>Compliance Assessment: Compliant with 115.381 a-d</p> <p>Anacronyms used in this standard report:</p> <p>ACJCS: Ada County Juvenile Court Services</p> <p>Documentation Reviewed for Compliance: The ACJCS PREA Policy 2-1.10; The Ada County Juvenile Court Services Medical and Psychiatric History and Physical Form; The ACJCS Risk Assessment Form; The Pre-Audit Questionnaire; PREA Policy 2-1, section 10g. ii; Informed Consent Form; Medical Documentation Form; PREA Policy 2-1, section 10g.</p> <p>Interviews: Resident who disclosed sexual abuse at screening; Staff conducting screening.</p> <p>Site Review Observations: The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: interviews of staff, residents, the ACJCS PREA Coordinator (PC) and management, ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p>Assessment of Compliance for 115.381a-d:</p> <p>115.381a: Compliant</p> <p>Standard Requirement: 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, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.</p> <p>The ACJCS PREA Policy 2-1.10 contains the required standard 115.381a elements. It requires a health screening at intake and if the resident experienced sexual abuse in the community or in an institution, a follow-up meeting with medical or mental health offered within 14 days of intake. This policy complies with standard 115.381a.</p> <p>The Ada County Juvenile Court Services Medical and Psychiatric History and Physical Form is used, at intake, to document if the resident discloses being sexually abused- when, if it was reported-when, and documents if the resident was referred to mental health and/or medical.</p> <p>The ACJCS Risk Assessment Form is used at intake to assess if the resident is at high risk to be offended or to offend (sexual abuse). Included in secure audit documentation are the risk assessments for all residents interviewed on-site. This form includes the housing assignment for each resident.</p> <p>Medical Documentation Form documents all residents who reported sexual abuse (not at the facility) in the 2020-at intake or shortly after. It includes follow-ups offered with medical and mental health, date of follow-up, or refusal. Included in secure audit documentation are all filled-out forms for all residents interviewed at the on-site visit. This form documents that out of 19 residents that reported former abuse, 17 received follow-up mental health services within 14 days and most times much less time. Two residents refused services, and 14 reports were previously reported to CPS; however, 5 reports to CPS (Child Welfare) were made, by the facility, for reports that did not look to have been reported before.</p> <p>This form documented that of the 19 reports of sexual abuse, at intake, 2 refused follow-ups and 17 received follow-ups the same day or within one day of the report.</p> <p>Interviews confirmed that staff who screen residents at intake are referring residents to medical and/or mental health for any allegation of previous sexual abuse. The follow-up referral is documented on the Ada County Juvenile Court Services Medical and Psychiatric History and Physical Form. In addition, residents who disclosed sexual abuse, who was interviewed at the on-site visit, confirmed that they were referred to mental health and the follow-up was completed within one day of intake.</p>

ACJCS is compliant with standard 115.381a.

ACJCS policy is compliant with the requirements of this standard. Practice, documentation, and interviews confirm that when a resident reports previous sexual abuse, at intake, they are offered follow-up services with mental health and/or medical. These follow-up services are not only completed with the required 14 days, but documentation and interviews confirm, they are completed within one day of intake. The follow-up services are documented on the Medical Documentation Form, included in secure audit documentation.

115.381b: Compliant

Standard Requirement: 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, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

PREA Policy 2-1, section 10g contains the required standard 115.381b requirements. It requires a resident, who screening indicated has previously perpetrated sexual abuse, is offered a follow-up meeting with medical or mental health within 14 days of the intake screening. This policy is compliant.

Interviews with screening staff confirmed that any resident who previously perpetrated sexual abuse was referred to mental health or medical for a follow-up meeting. The referral was made on the same date as intake and documented on the Risk Assessment Form.

Interviews with mental health staff confirmed that a resident determined to have previously determined to have perpetrated sexual abuse is seen within 14 days, and often sooner. Medical staff confirmed that they see residents within 7 days.

The 2020 disclosure tracking sheet, included in secure audit documentation, documents the date screening determined the resident had previously perpetrated sexual abuse and the dates of follow-ups by medical and or mental health. All residents, on this list, saw medical and or mental health for follow-ups. Mental health followed-up within 14 days or much sooner in most cases and medical within 7 days. Two residents were released from the facility before follow-ups could be completed.

ACJCS is compliant with standard 115.381b.

ACJCS PREA Policy contains all required 115.381b standard requirements. It requires any resident who has previously perpetrated sexual abuse to be offered a follow-up meeting with a medical or mental health provider within 14 days of screening.

Review of documentation, interviews, and files confirm that all residents, designated as such, were referred to mental health and/or medical. In addition, residents were seen, in follow-ups within 14 days or sooner, unless they were released from the facility before this could be completed and before 14 days of intake.

115.381 c: Compliant

Standard Requirement: 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.

PREA Policy 2-1, section 10g.ii contains the requirements required by standard 115.381c: It requires information related to sexual victimization or abusiveness shall be strictly limited to medical and mental health practitioners and other staff as necessary for the management of security issues, including housing and program assignments.

ACJCS states in the Pre-Audit Questionnaire that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

The Ada County Juvenile Court Services Medical and Psychiatric History and Physical Form contain information about convictions of sex offenses, treatment received when and provider, and referrals to mental health or medical. This form is sent to medical and mental health to be reviewed and both medical and mental health must sign off the review of the information.

Interviews with medical staff confirmed that all material pertaining to follow-ups for sexual victimization or perpetration are kept in secure medical/mental health files. These are confidential files.

ACJCS is compliant with standard 115.381c.

ACJCS policy requires information related to sexual abuse or victimization to be kept confidential, Interviews, documentation, and file reviews confirm that all information related to sexual abuse and perpetration is kept in secure medical/mental health files.

115.381d: Compliant

Standard Requirements: Medical and mental health practitioners shall 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.

ACJCS does not have residents who are over 18. At 18 the resident is transferred to Ada County Jail. This standard does not apply to ACJCS due to the requirement that they have to obtain informed consent to report prior sexual victimization that did not occur in an institutional setting unless the resident is under the age of 18.

Mental Health staff interview: confirmed that Idaho state law requires reporting abuse for all residents under 19 and on the resident's 18th birthday, they are transferred to the Ada County Jail.

ACJCS does have an Informed Consent Form that is read to the resident, discussed, and the resident signs and dates it, even though all residents are under 18. This form is signed shortly after intake to ensure the resident knows that there are certain reports that medical and mental health must report and are not confidential. This includes child abuse, elder abuse, disabled person abuse if there is clear and imminent danger to the resident or someone else if the resident's mental status is an issue for the court if the judge decides the knowledge of those communications is necessary for the proper admiration of justice, and if the resident discusses details of a crime for which they have not been charged.

Signed forms for all residents interviewed at the on-site visit are included in secure audit documentation. These are re-signed every time the resident comes into detention.

ACJCS exceeds compliance with this standard 115.381d

Detailed documentation used to determine compliance:

ACJCS PREA Policy 2-1.10: A health screening on CorEMR will be completed upon intake by detention staff. The following will be included: g: Prior sexual victimization or abuse. Gi: If the screening indicates that a resident has experienced prior sexual victimization or has previously perpetrated sexual abuse, either in the community or in an institutional setting, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Ada County Juvenile Court Services Medical and Psychiatric History and Physical Form are used, at intake, to document if the resident has ever been sexually abused. If yes, when; if yes, has it been reported and when; and documents if the resident has been referred to mental health or medical.

In addition, this form also documents if a resident has been convicted of sexual offenses-if yes, when, if it has been reported-if yes, when, if they received follow-up-if yes, when, and documents if the resident was referred to medical or mental health for a follow-up.

Pre-Audit Questionnaire:

- States that all residents who disclosed prior sexual victimization during a screening (115.341) are offered a follow-up meeting with a medical or mental health practitioner.
- States there have been zero residents who disclosed prior victimization at screening.
- States that medical and mental health staff maintain secondary materials documenting compliance with these standard required services.
- States that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.
- All residents are under the age of 18, so they do not have to have informed consent, from residents, before reporting

information about prior sexual victimization that did not occur in an institutional setting.

PREA Policy 2-1, section 10g.ii: Any information related to sexual victimization or abuse shall be strictly limited to medical and mental health practitioners and other staff, as necessary for the management of security issues, including housing and program assignments.

PREA Policy 2-1, section 10g: Prior Sexual victimization or abuse: i: If the screening indicates that a resident has previously perpetrated sexual abuse...the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Risk Assessment Form: Asks if the resident has ever had a sexual experience that you did not want to have; also asks resident if they have ever engaged in violent or sexually aggressive behavior and asks staff to document if the file indicates the juvenile has been charged with a sex offense, or any file information suggests sexual aggression or victimization of others. Documentation of all residents interviewed on the site visit (risk assessment)

2020 disclosure tracking sheet: this tracks charges documented at intake and charges report (not disclosed by a resident, and medical and mental health services offered and date. It states when sexual abuse was reported at intake. 7 youth listed, as well as dates of follow-ups and charges. Details all offenses; gender, PREA Code (aggressive or victim), disclosure date, date offered medical, date offered mental health, PREA follow-up date, comments.

Informed Consent Form: This form documents the ACJCS clinical services and Medical Informed consent. It is read to the resident and then discussed for understanding and the resident signs and dates it. It states that the medical and mental health staff must report child abuse, elder abuse, disabled person abuse if there is clear and imminent danger to the resident or someone else if the resident's mental status is an issue for the court if the judge decides the knowledge of those communications is necessary for the proper admiration of justice, and if the resident discusses details of a crime for which they have not been charged. Signed forms for all residents interviewed at the on-site visit are included in secure audit documentation. These are re-signed every time the resident comes into detention.

Medical Documentation Form: Documents all residents in 2020 who reported sexual abuse (not occurring in the facility) at intake or shortly after, and the follow-up offered by mental health and medical; also, date of the follow-ups or refusal. 185 health screenings, 81 mental health screenings, 19 PREA disclosures, 17 follow-ups, 2 refusals of follow-ups. This form also documents if the report had been reported, if the facility reported it, and if the resident was the victim or the abuser.

Interviews:

A resident who disclosed sexual abuse at screening. A resident who reported sexual abuse at screening confirmed that they were asked, at intake, if they wanted mental health or medical follow-ups. The resident reported that the follow-up was completed the day after intake.

Staff conducting screening: Screening staff confirmed that when residents disclose that they have previously been sexually abused (at intake), they were offered mental health/and or medical follow-ups. These referrals are documented on the Ada County Juvenile Court Services Medical and Psychiatric History and Physical Form. Residents who screening confirmed had previously perpetrated sexual abuse were referred for follow-up mental health or medical services. The referral was documented at the bottom of the Risk Screening Form.

Mental Health Staff stated that residents who disclose previous sexual abuse are seen as soon as possible for a follow-up. Usually within a day or two and never more than 14 days. In addition, residents who screening determines have previously perpetrated sexual abuse are seen for a follow-up within 14 days or sooner. In addition, all files pertaining to these follow-ups for sexual victimization and perpetration are kept in secure medical/mental health files. Mental Health staff interview: confirmed that Idaho state law requires reporting abuse for all residents under 19 and on the resident's 18th birthday, they are transferred to the Ada County Jail.

Medical Staff stated that they see residents within 7 days. Files related to sexual abuse or abusiveness are kept in secure medical or mental health files.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard: 115.382 - Access to emergency medical and mental health services</p> <p>Compliance Assessment:</p> <p>Anacronyms used in this standard report:</p> <p>PC: ACJCS PREA Coordinator</p> <p>ACJCS: Ada County Juvenile Court Services</p> <p>ACJD: Ada County Juvenile Detention (audited facility)</p> <p>OAS Online Audit System (DOJ)</p> <p>MOU Memorandum of Understanding</p> <p>NIC National Institute of Corrections</p> <p>ACSO Ada County Sherriff's Office</p> <p>AAFV Advocates Against Family Violence</p> <p>WSCS Warm Springs Counseling Services</p> <p>RAI Risk Assessment Instrument</p> <p>Documentation Reviewed for Compliance: PREA Policy 5-1, section 17m; The Pre-Audit Questionnaire; Facility Coordinated Response Plan and flow chart; AAFV/ ACJCS Sexual Assault Protocol; PREA Policy 5-1, section 17m; PREA Policy 5-1, section 18f; Draft ACJCS Response Plan.</p> <p>Interviews: Medical staff, mental health, staff,</p> <p>Site Review Observations: The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: interviews of staff, residents, the ACJCS PREA Coordinator (PC) and management, ACJD and ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p>Compliance Assessment for 115.382 a-d:</p> <p>115.382 a, b, c, d:</p> <p>Standard Requirements:</p> <p>a: Resident victims of sexual abuse shall 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.</p> <p>b: 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 § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>c: Resident 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.</p>

D: 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.

ACJCS PREA Policy 5-1.17m and section 18f include all the requirements of standard 115.382 a, b, c & d. These include requiring that ACJCS ensures that medical staff is notified immediately if an examination is needed. Medical determines if an examination is needed. Transporting victims to St Alphonsus hospital for a SAFE exam; and notifying AAFV (advocate agency) and ensuring an advocate response to the hospital for the victim throughout the process. It also includes ongoing counseling be provided by Warm Springs Counseling or by the detention counselor, and follow-up medical treatment, consistent with community care be provided at no cost to the victim. This policy is compliant with standard 115.382a

The ACJCS Facility Coordinated Response Plan:

- Demonstrates required practice/actions to take when there is an allegation of sexual abuse.
- Requires the immediate notification of facility mental health and medical, notifies AAFV (advocate), child protective services, and law enforcement.
- Includes all appropriate medical and mental health services are provided and that medical and mental health clinicians determine the nature and scope of such services,
- The AAFV/ ACJCS Sexual Assault Protocol involves law enforcement, child welfare, ACJCS, and AAFV,
- A team effort led by law enforcement to ensure all services are provided immediately,
- Includes immediate notification of protective services, AAFV notified, victim, transported or seen by medical, mental health clinical consultation, referral to Warm Springs Counseling for ongoing mental health support services,
- Was updated and is currently in draft form as the Draft ACJCS Response Plan.,
- Is even more detailed than this ACJCS Facility Coordinated Response Plan and is detailed in the documentation section at the end of this standard report.

The staff has received PREA training and yearly refreshers that include:

- Training on consequences and official liability,
- Signs of staff on resident sexual abuse and harassment,
- What sexual and sexual harassment are,
- Reporting and responding to sexual abuse and sexual harassment allegations,
- Sexual assault forensic exams and types of PREA investigations,
- Confidentiality, evidence collection and
- Securing the scene and ensuring resident well-being.
- Being documented in training logs and with staff acknowledgment and understanding of training.

Staff interviews confirmed that they have received PREA training and yearly refresher training. 100% of staff walked this auditor through how they would respond when receiving an allegation of sexual abuse and that immediate services would be provided to victims of sexual abuse.

Medical staff interviews confirmed that:

- ACJCS does not conduct forensic exams and that the resident is evaluated by medical staff and then transported to St Alphonsus Hospital for a SAFE exam.
- Staff confirmed they received PREA training and yearly refresher training, and the specialized NIC training for Medical Health Care for Sexual Assault Victims in Confinement.
- There have been zero allegations of sexual abuse where a resident has needed to be transported to the hospital or receive a forensic exam, but if needed, it would be provided by a SANE at the hospital.
- Medical staff confirmed they are involved in all investigations of sexual conduct and a medical evaluation is conducted and treatment provided for all residents victimized by sexual abuse.
- The medical services were provided immediately and at or above the level of care in the community.
- Medical staff is on duty from 6 am to 10 pm and outside medical comes in weekly, as well as programs clinicians from M-F from 8-5. Residents are in their individual rooms at times there is no medical staff on duty.

Mental Health Staff interviews confirmed that:

- They provide counseling and daily check-ins to victims of sexual abuse,

- AAFV provides continuing services and follow-up-even after leaving the facility;
- If a resident is transported to the hospital, AAFV meets residents for advocate services at the hospital, or sometimes at the facility,
- If the AAFV advocate is meeting the resident at the hospital, I accompany the resident to the hospital until the advocate arrives.
- I ensure the resident has follow-up services in place when they leave the facility,
- Mental health services provided by ACJCS are as good or better than community services because of having access to mental health on an ongoing basis,
- Records of incidents of sexual abuse and harassment and services provided are kept in locked mental health files,
- Mental health also ensures residents are not placed with abusers in housing, programming, or education,
- Training received by mental health staff includes employee PREA training and yearly refreshers and the NIC specialized training for providing mental healthcare for victims in confinement,
- Also provides yoga 3x week and an open group on mindfulness.
- St Alphonsus hospital and ER nursing staff provide emergency contraception and sexually transmitted infection prophylaxis,
- In-house Programs Clinician counselors are provided to victims at or above the community level of care,
- Pregnancy testing and STD testing are provided through Central District Health and we have an MOU.

First Responder and random staff confirmed in interviews that they:

- Separate any parties and make them safe, take a statement,
- Preserve any crime scene or evidence (no showers, changing, washing, toileting, eating).
- Separate by sight and sound with no contact in different units.
- Write an incident report; notify supervisor, sheriff, and medical staff.
- Receive PREA staff training and yearly refresher training. Staff training logs and statements of understanding confirm the training.

115.382 a, b, c, compliance determination:

On-site review, observations, file reviews, interviews, training records, and response plans confirm that ACJCS is compliant with 115.382a and b.

Resident victims of sexual abuse receive timely access to emergency medical treatment and crisis intervention services through ACJCS medical and mental health services, St Alphonsus Hospital, and a Sane nurse conducting the forensic examination, AAFV advocate services, and Warm Springs Counseling. Medical staff is on duty daily from 6 am to 10 pm, and the hours they are not in the facility, residents are in their individual, locked rooms.

Interviews confirmed that the nature and scope of these services are determined by the above-named medical and mental health practitioners according to their professional judgment.

- First responder staff and random staff confirmed they take all actions to separate victims, preserve the scene and physical evidence, write an incident report, and notify their supervisor, sheriff, and medical staff.
- St Alphonsus hospital and ER nursing staff provide emergency contraception and sexually transmitted infection prophylaxis,
- In-house Programs Clinician counselors are provided to victims at or above the community level of care,
- Pregnancy testing and STD testing are provided through Central District Health and we have an MOU.

In addition, medical and mental health records are confirmed to be maintained in locked medical and mental health files that document the medical and mental health services provided—including contraception, and sexually transmitted infection prophylaxis.

Although there have been zero times an incident of sexual abuse that required these services has occurred at ACJCS Detention, there are plans in place, training completed and understood about those plans and actions, delegated actions to the appropriate staff and service provider, MOA's in place to ensure the duties and responsibilities of providing these services are spelled out and understood, and interviews confirmed the knowledge and understanding of the actions, documentation, and services needed to ensure these actions and services are provided, but also documented and stored confidentially. In addition, all services are provided at no cost to the victim.

ACJCS is compliant with standard 115.382a-d.

All Documentation reviewed for compliance of 115.382:

PREA Policy 5-1, section 17m: Medical staff will be notified immediately if an emergency exists. In all other cases of prohibited sexual behavior, medical will be notified to determine if an examination is needed. N) victims will be transported to St. Alphonsus hospital for a Sexual Assault Forensic Exam, o) The AAFV will be contacted, and an advocate will respond to the hospital and be there for the victim throughout the process. Q) Counseling will be provided for all victims...either by the detention counselor or through Warm Springs Counseling Center-per MOU...r) follow-up medical treatment for victims will be provided as needed consistent with the community level of care at no cost to the victim.

PREA Policy 5-1, section 18f: r) follow-up medical treatment for victims will be provided as needed consistent with the community level of care at no cost to the victim.

Facility Coordinated Response Plan and flow chart: outlines what occurs after an allegation and is clear that immediate access to emergency medical treatment and crisis intervention services is in practice.

AAFV/ ACJCS Sexual Assault Protocol: this protocol involves law enforcement, child welfare, AACDS, and AAFV. This is a team effort led by law enforcement to ensure all services are provided and immediate. This includes immediate notification of protective services, AAFV notified victim, transported or seen by medical, mental health clinical consultation, referral to Warm Springs Counseling for ongoing mental health support services. Includes the Facility Coordinated Response Plan and flow chart demonstrates the required practice/actions to take when there is an allegation of sexual assault. It clearly begins with the notification of facility mental health and medical to determine what actions need to be taken. Also immediately notifies AAFV, child protective services, and law enforcement. The plan continues to ensure all appropriate medical and mental health services are provided and that the medical and mental health clinicians determine the nature and scope of such services. This protocol was updated and is categorized below in the Draft Coordinated Response Plan.

Draft ACJCS Response Plan:

- This is the ACJCS Coordinated Response Plan to a PREA Incident. It includes:
- It includes: "Types of Incidents;" First responder duties; Shift Supervisor duties, Detention Manager duties; PC duties, Detention Medical duties.
- A flow chart of response from the time of the resident making the allegation-completion of the criminal and investigations-including any criminal prosecution or administrative discipline.
- The AAFV-ACJCS Sexual Assault Protocol: notifying medical and/or law enforcement, as well as Child Welfare (1-855-552-5437); Law enforcement conducts an initial interview to determine if a crime committed. If a crime-a detective or other law enforcement investigator engaged.; Detective notifies St Alphonsus and asks Charge Nurse to provide a SAFE nurse, for a PREA exam-provided within 30 minutes and an outside time of 60 minutes); Transport the victim to the hospital with a detention officer; Activate Victim Advocate (208-459-4779) AAFV rape crisis line (responds to the hospital or juvenile detention in 30 minutes or less). Advocate accompanies the victim to exam and interview and meets with the victim privately afterward to review their rights and provide resources. Continues advocacy services for the victim through the investigation and any civil/criminal trials or appeals; Victim referred to Warm Springs Counseling for ongoing mental health services (208-343-7797 ext. 1238); ACJCS staff prepares PREA Report in conjunction with law enforcement.
- Additional information on page 6 regarding not having any ACJs or ACSO employee escort the victim-that is involved in the allegation; that Alphonsus, in an emergency situation can activate the SAFE nurse as needed; required notifications will be made by the Detention Manager, within 14 days: including juvenile's attorney.
- Retaliation monitoring will be done for at least 90 days and actions to be taken: housing changes, discipline-time outs behavior management group; If staff member retaliation-report to HR and open an administrative investigation, can be placed on administrative leave with or without pay.
- Post Investigation Duties: Notify the victim, in writing, of the finding (place in investigative file); forward the results of the investigation to the prosecutor's office for possible charges; Use the administrative investigation to determine disciplinary sanctions up to and including termination; ACJCS conducts a sexual abuse incident review within 30 days of the conclusion of the investigation-on unsubstantiated and substantiated sexual abuse and sexual harassment; and compile a report of its findings and implement changes as recommended. All reports, incident reports, and incident reviews will be securely stored for at least 10 years.

Staff training curriculum: Page 6, retaliation and Idaho state laws; page 7-8, consequences and official liability; Page 12, Signs of staff on resident sexual abuse and harassment; Page 19 what sexual abuse includes; Page 20, sexual harassment;

Page 28-30, reporting and responding-coordinated response plan, mandatory reporting; Page 31, responding to victims; Page 32, sexual assault forensic exams and types of PREA investigations; Page 33-Confidentiality; Page 34 evidence collection and securing the scene; Page 36, ensuring resident well-being;

Staff training logs—confirms staff training by title, date, and hours. All staff training logs are included in secure audit documentation, of all random staff interviewed on the site visit.

Staff statements of understanding—signed acknowledgment and understanding of yearly refresher training. All forms are included in secure audit documentation for all random staff interviewed on-site.

ACJCS PC duties: develop the coordinated response plan, with the Coordinated PREA Compliance Team; oversees all aspects of the coordinated response to allegations of sexual abuse and harassment; reviews responses to all allegations and reviews all allegations; a part of the incident review team; conducts unannounced rounds at least once per month-varying days and shifts: Coordinates and collaborates with all key PREA stakeholders-ACSO, HR, Warm Springs Counseling; AAFV..; reviews potential training on PREA;

AAFV Memorandum of Understanding, original and renewals: This agreement was first signed on June 27, 2017. This MOA includes agree to follow the PREA provisions and all applicable federal regulations; agree to utilize AAFV-ACJCS Sexual Assault Protocol—notification, counseling referrals, and advocacy. Train AAFV on ACJCS sexual abuse and sexual harassment prevention, detection, and response policies and procedures and how they require additional action by the AAFV, and AAFV agrees to follow said county policies and procedures.

AAFV obligations: criminal background checks; AAFV to complete training on AAFV's responsibilities under the county's sexual abuse and sexual harassment policies and procedures and for AAFV to adhere to reporting protocols relating to reports of sexual victimization. AAFV acknowledges that County conducts periodic monitoring. AAFV will provide staff to receive, process, and act upon all calls from an ACJCS detainee or staff using the 24-hour rape crisis hotline number. AAFV will immediately notify Child Welfare and the ACJCS Detention Manager-complying with mandatory reporting provisions of Idaho Code 16-1605.

County obligations: Follow provisions of PREA, as well as county policy and procedures, to the extent said county policies and procedures do not conflict with PREA provisions; periodically monitor this agreement for compliance; ensure costs for advocacy services provided will not be incurred by juvenile victims or victims family; County will prominently post and provide to the juvenile upon arrival the 2-hour rape crisis hotline contact number; pay AAFV twenty-five dollars per hour for services rendered under this contract, and standard mileage.

Warm Springs MOA

MOU with ACSO (law enforcement for investigative criminal sexual abuse investigation services and response.

On-site evaluation of interviews and secondary materials maintained by mental health and medical practitioners

Facility Coordinated Response Plan and flow chart shows the immediate separation of the alleged victim from the alleged perpetrator; immediate notification of AAFV (for victim advocates) and then notification of nurse or EMT and mental health clinician.

PREA Policy 5-1, section 18f: Treatment services shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident.

Interviews:

Staff interviews: Random staff interviews confirmed that 100% of all staff have received training regarding reporting and responding, mandatory reporting, responding to victims-including the coordinated response plan, and sexual assault forensic exams. All staff interviewed walked this auditor through how they would respond when receiving an allegation of sexual abuse.

Mental Health: stated that they provide counseling and daily check-ins for resident victims of sexual abuse; AAFV provides continuing services and follow-up after leaving the facility; Warm Springs provides counseling also; AAFV is called and comes over or meets the resident at the hospital in that case mental health accompanies resident to the hospital until the advocate arrives, they provide ongoing services, and referrals for additional services; emergency services are provided immediately and the victim is transported to St Alphonsus hospital where a SAFE is performed; I ensure the resident has the appropriate follow-up services in place when they leave the facility. Mental health services are better than services provided in the community as residents have access to mental health on an ongoing basis; records of incidents of sexual abuse and harassment are kept in locked mental health files; assist in ensuring residents are not with abusers in housing, programming, or education; training received includes Staff PREA training and yearly refreshers, NIC-Mental Health Care for sexual assault

victims in Confinement Settings.

Medical Staff: We do not conduct forensic exams, residents are transported to St. Alphonsus Hospital for a SAFE; training received includes employee PREA training and yearly refreshers, NIC-PREA Medical Health Care for Sexual Assault Victims in Confinement; there have been zero allegations of sexual abuse at ACJCS detention; medical staff are involved in all investigations; Medical evaluation is conducted, as appropriate and we provide treatment for all residents victimized by sexual abuse- pregnancy tests, testing for sexually transmitted diseases, follow-up services, treatment plans and when necessary continued care following their placement in another facility or in the community; no conditions are tied to programming or education for access to these services; crisis intervention and emergency medical treatment are provided immediately upon learning of an allegation of abuse; victims are taken to St Alphonsus hospital for a forensic exam by a SANE and the AAFV advocate determines the nature and scope of services to be provided . ongoing medical support is provided in-house; St Alphonsus hospital and ER nursing staff provide emergency contraception and sexually transmitted infection prophylaxis; In-house Programs Clinician counselors are provided to victims at or above the community level of care; pregnancy testing and STD testing is provided through Central District Health and whom we have an MOU. We provide a physical within 7 days of the resident's arrival in detention-we ask about previous sexual abuse and refer them to a Programs clinician for counseling. Medical staff is on duty from 6 am to 10 pm and outside medical comes in weekly, as well as programs clinicians from M-F from 8-5. Residents are in their individual rooms at times there is no medical staff on duty.

First Responders and staff interviews: 100% of staff confirmed that if there is a sexual abuse incident, they separate any parties and make them safe, take a statement, preserve any crime scene or evidence (no showers, changing, washing, toileting, eating). Separate by sight and sound with no contact in different units. Write an incident report; notify supervisor, sheriff, and medical staff. Training for first responders consists of PREA staff training and yearly refresher training. Staff training logs and statements of understanding confirm the training.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard: 115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers</p> <p>Compliance Assessment: Compliant with 115.383a,</p> <p>Anacronyms used in this standard report:</p> <p>PC: ACJCS PREA Coordinator</p> <p>ACJCS: Ada County Juvenile Court Services</p> <p>ACJD: Ada County Juvenile Detention (audited facility)</p> <p>ACSO: Ada County Sherriff's Office</p> <p>AAFV: Advocates Against Family Violence</p> <p>WSCS: Warm Springs Counseling Services</p> <p>MOA: Memorandum of Agreement</p> <p>MOU: Memorandum of Understanding</p> <p>Documentation Reviewed for Compliance: ACJCS PREA Policy 5-1 section 18a; ACJCS PREA Policy 5-1 section 18b; ACJCS PREA Policy 5-1.17q; ACJCS PREA Policy 5-1.17r; PREA Policy 5-1, section 18c; PREA Policy 5-1, section 18d; PREA Policy 5-1, section 18e; PREA Policy 5-1, section 18f; PREA Policy 5-1, section 18g; Draft ACJCS Response Plan; The AAFV-ACJCS Sexual Assault Protocol; AAFV Memorandum of Understanding, original and renewals; Warm Springs MOA; MOU with ACSO.</p> <p>Interviews: Mental Health staff; Medical staff; AAFV staff; WSCS staff</p> <p>Site Review Observations: The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: interviews of staff, residents, the ACJCS PREA Coordinator (PC) and management, ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p>Compliance Assessment for 115.383 a, b, c, d, e, f, g:</p> <p>115.383 a:</p> <p>The facility shall 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.</p> <p>ACJCS PREA Policy 5-1 section 18a requires medical and mental health evaluation and appropriate treatment to all residents who have been victimized.</p> <p>The ACJCS Facility Coordinated Response Plan requires</p> <ul style="list-style-type: none"> • All appropriate medical and mental health services are provided and that medical and mental health clinicians determine the nature and scope of such services, • Includes immediate notification of protective services, AAFV notified, victim, transported or seen by medical, mental health clinical consultation, • Referral to Warm Springs Counseling for ongoing mental health support services, • Was updated and is currently in draft form as the Draft ACJCS Response Plan.,

Mental Health staff interviews:

- State they provide counseling and daily check-ins to victims of sexual abuse,
- Mental health services provided by ACJCS are as good or better than community services because of having access to mental health on an ongoing basis and contracted services with AAFV and Warm Springs Counseling,
- Training received by mental health staff includes employee PREA training and yearly refreshers and the NIC specialized training for providing mental healthcare for victims in confinement,
- The nature and scope of these services are determined by the above named medical and mental health practitioners according to their professional judgment,
- Staff confirmed they received PREA training and yearly refresher training, and the specialized NIC training for Medical Health Care for Sexual Assault Victims in Confinement.

Although there have been zero times an incident of sexual abuse, that required these services, has occurred at ACJCS Detention, there is/are:

- A Coordinated Response Plan in place,
- Training completed and understood about the plans and actions required,
- Delegated actions to the appropriate staff and service providers,
- MOA's in place to ensure the duties and responsibilities, of AAFV, Warm Springs Counseling, ACSO, and ACJCS, are spelled out and understood,
- Interviews confirmed the knowledge and understanding of the actions required, documentation and services needed to ensure these actions, and services provided.
- Requirements to store, mental health and medical services provided and documented, confidentially, and
- All services are provided at no cost to the victim.

ACJCS is compliant with 115.383a.

115.383 b, c:

Standard Requirements:

B: The evaluation and treatment of such victims shall 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

C: The facility shall provide such victims with medical and mental health services consistent with the community level of care.

ACJCS PREA Policy 5-1 section 18b requires that ACJCS evaluation and treatment include required follow-up services, treatment plans, and continued care following their placement in another facility or released from custody.

ACJCS PREA Policy 5-1.17m, and section 18f includes all the requirements of standard 115.383b-- requiring ongoing counseling be provided by Warm Springs Counseling or by the detention counselor, and follow-up medical treatment, consistent with community care be provided at no cost to the victim.

ACJCS PREA Policy 5-1.17q: includes the requirements that counseling be provided for all victims of sexual abuse-through Warm Springs Counseling or by the detention counselor.

ACJCS PREA Policy 5-1.17r: requires follow-up care, for victims, provided as needed consistent with the community level of care at no cost to the victim.

ACJCS Policies are compliant with the requirements of standard 115.383b and c.

Documentation and Practice:

Coordinated Response Plan and flow chart: The plan provides the practice requirements to ensure that appropriate medical and mental health services are provided and that the medical and mental health clinicians determine the nature and scope of such services. This protocol was updated and is categorized below in the Draft Coordinated Response Plan.

ACJCS agency PREA Coordinator duties include overseeing all aspects of the coordinated response to allegations of sexual abuse and harassment reviews all responses to all allegations and reviews all allegations, and coordinates and collaborates with all key PREA stakeholders—ACSO, HR, Warm Springs Counseling, and AAFV.

Warm Springs MOA: Protocol on Counseling for Sexual abuse victims: this MOA outlines what is required of both WSC and ACJCS:

Warm Springs Counseling: It lays out the practice requirements of:

- Initial evaluation and, as appropriate; mental health treatment, consistent with the community level of care,
- As appropriate, follow-up services, and treatment plans provided as required or agreed upon.

ACJCS:

- Arrange transport to offsite location, by ACSO, or
- Provide secure counseling location in ACJCS Detention; and
- As necessary, provide referrals for continued care to the victim--following the transfer to or placement in other facilities or release.
- Provide all services at no cost to the victim.

AAFV MOA: This MOA includes an agreement to:

- Follow the PREA provisions and all applicable federal regulations,
- Train AAFV on ACJCS sexual abuse and sexual harassment prevention, detection, and response policies and procedures and additional action required of AAFV,
- Follow said county policies and procedures; complete training on AAFV's responsibilities under the county's sexual abuse and sexual harassment policies and procedures,
- Adhere to reporting protocols relating to reports of sexual victimization,
- Provide staff to receive, process, and act upon all calls from an ACJCS detainee or staff using the 24-hour rape crisis hotline number.

Interviews:

Medical:

- Detention Medical staff are on duty daily from 6 am to 10 pm; Program clinicians are on duty M-F 8 to 5, and outside medical staff (contract) comes in weekly.
- As well as MOU's with AAFV and Warm Springs Counseling. confirms that services are provided without cost to the victim,

Mental Health:

- They provide counseling and daily check-ins for resident victims of sexual abuse,
- Confirmed that the AAFV provides continuing services and follow-up after leaving the facility,
- Warm Springs provides counseling also,
- AAFV ongoing services, and referrals for additional services,
- I ensure the resident has the appropriate follow-up services in place when they leave the facility,
- All services are provided at no cost to the victim.

ACJCS Interviews confirm the care at ACJCS is at or above the community level with Detention Medical staff are on duty daily from 6 am to 10 pm; Program clinicians are on duty M-F 8 to 5, and outside medical staff (contract) comes in weekly.

As well as MOU's with AAFV and Warm Springs Counseling. AAFV provides continuing services and follow-up-even after leaving the facility, and ACJCS mental health staff ensures the resident has follow-up services in place when they leave the facility.

AAFV:

- We have an MOA with ACJCS; our primary contacts are the ACJCS Director and the PREA Coordinator,
- We also conduct a teen group at the detention facility- Healthy Relationships and Wise Guy for boys,
- Advocate accompanies residents during the forensic exam, during the investigative interviews, and during court proceedings; we provide emotional support services, crisis intervention, provide information to help the resident through this process, provide relevant referrals-if resident leaves the facility or for other services the youth may need,
- If a resident leaves the facility or for other services the youth may need; our services can be provided over the phone, mail, onsite at the facility and onsite at the hospital, court, or other civil/criminal proceedings and appeals,
- Our services can be provided over the phone, mail, onsite at the facility and onsite at the hospital, court, or other civil/criminal proceedings and appeals, at no cost to the victim.
- We also provide services to non-English speaking youth,
- We provide ongoing services to residents after they leave the facility or referrals to services in the county/city they are going to,
- We provide flyers and training to ACJCS.
- We have never received a report of sexual abuse from ACJCS detainees or received a request for emotional support services.

Warm Springs Counseling:

- We have an MOA with them to provide an initial mental health evaluation and then, if needed, mental health treatment, at no cost to the victim.
- After the evaluation, we provide an individual treatment plan to ACJCS,
- We also provide any follow-up services and/or referrals to counseling services, after the resident leaves the facility,

ACJCS is compliant with standard 115.383b and c:

ACJCS policy is compliant by requiring evaluation and treatment of sexual abuse victims, follow-up services, appropriate treatment plans, and referrals for ongoing care- when released or transferred to another facility. In addition, requires ongoing counseling and follow-up medical treatment—provided at no cost to the victim.

Memorandums of Agreement (MOA) with AAFV and Warm Springs Counseling ensure initial evaluation, mental health treatment, follow-up services, and treatment plans at Warm Springs Counseling, and advocacy, counseling, and referrals for continued care-following transfer or release from ACJCS-consistent with community care and at no cost to the victim.

Interviews with medical, mental health, AAFV, Warm Springs Counseling, and the ACJCS PC, confirm that all parties have in place policy/procedures, Coordinated Response plans, training, and understanding, or MOA requirements to provide services to victims of sexual abuse, including follow-up services, treatment plans, and referrals for ongoing care-when residents transfer to another facility or are released, and the care is provided at no cost to the victim.

The ACJCS PREA Coordinator (PC) oversees all aspects of the coordinated response to allegations of sexual abuse and harassment and reviews all allegations and reviews all allegations, as well as coordinates and collaborates with all key PREA stakeholders-including Warm Springs Counseling and AAFV.

There have been zero allegations of sexual abuse at ACJCS Detention; however, policy/procedure, and practice and documentation are in place, as well as agreements with advocate and counseling services to provide the required services, at no cost to the victim.

115.383 d, e, f, g.

Standard Requirements:

d: Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

e: If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

f: Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

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.

Policy/Procedures:

PREA Policy 5-1, section 18c requires ACJCS to provide pregnancy tests for resident victims of sexually abusive vaginal penetration.

PREA Policy 5-1, section 18d requires ACJCS, if pregnancy results-to provide timely and comprehensive information and access to all lawful pregnancy-related medical services,

PREA Policy 5-1, section 18e requires ACJCS to offer tests for sexually transmitted diseases, for resident victims of sexual abuse while incarcerated.

PREA Policy 5-1, section 18f requires ACJCS to provide free treatment services to the victim-regardless if the victim names the abuser or cooperates with the investigation.

The ACJCS PREA Coordinator (PC) oversees all aspects of the coordinated response to allegations of sexual abuse and harassment and reviews all allegations and reviews all allegations, as well as coordinates and collaborates with all key PREA stakeholders-including Warm Springs Counseling and AAFV.

Interviews:

Medical Staff:

- Confirmed that Pregnancy testing and sexually transmitted testing is offered through Central District Health (MOU) but may be provided through St Alphonsus Hospital.
- The care at ACJCS is at or above the community level,
- Detention Medical staff are on duty daily from 6 am to 10 pm; Program clinicians are on duty M-F 8 to 5, and outside medical staff (contract) comes in weekly,
- Medical evaluation is conducted, as appropriate and we provide treatment for all residents victimized by sexual abuse-pregnancy tests, testing for sexually transmitted diseases, follow-up services, treatment plans, and when necessary continued care following their placement in another facility or in the community,
- Resident victims of sexual abuse would receive emergency contraception and sexually transmitted infections prophylaxis from St Alphonsus Hospital or from Central District Health.
- All medical records documenting services related to sexual abuse are kept in secure storage in the medical/mental health area.

ACJCS is compliant with standard 115.383 d, e, f, g.

ACJCS Policy is compliant with PREA standard 115.383 d, e, f, requiring ACJCS to offer pregnancy tests for victims of sexually abusive vaginal penetration, who also receive timely access to lawful pregnancy-related medical services, and be offered tests for sexually transmitted infections, as appropriate.

Interviews with medical and mental health staff confirm the understanding and practice of providing medical evaluation and treatment for all victims of sexually abuse-including pregnancy tests. Pregnancy testing: timely access to all lawful pregnancy-related medical services and sexually transmitted testing is offered through Central District Health (MOU) but may be provided through St Alphonsus Hospital. All services, related to sexual abuse are provided at no cost to the victim, and at the level of community care or better. All medical records documenting services related to sexual abuse are kept in secure storage in the medical/mental health area.

The ACJCS PREA Coordinator (PC) oversees all aspects of the coordinated response to allegations of sexual abuse and harassment and reviews all allegations and reviews all allegations.

There have been zero allegations of sexual abuse at ACJCS Detention in the last three years; however, policy/procedure,

practice, and documentation are in place to ensure the required actions and services will be provided.

115.383 h: compliant

Standard Requirement: The facility shall 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.

Policy/Procedures:

PREA Policy 5-1, section 18g requires ACJCS to attempt to conduct mental health evaluations of resident-on resident abusers within 60 days of learning of this abuse history and offer treatment when deemed appropriate by mental health.

Mental Health Interviews: ACJCS Detention is a short-term detention center that provides counseling to residents. These evaluations would be court-ordered, and their probation officer would arrange for an evaluation and treatment. Mental health evaluations and treatment for sexual abusers is arranged by their probation officer, usually, at the next facility, they are transferred to for that treatment.

ACJCS is compliant with policy/procedure requiring the attempt to conduct a mental health evaluation of all know resident-on-resident abusers, within 60 days; however, residents of this short-term detention facility would not remain in detention for that period of time, and if they did, their probation officer would arrange the evaluation-per court order and arrange treatment at the facility the resident was transferred to.

Documentation used to assess compliance for 115.383 a-h:

PREA Policy 5-1, section 18a: Ongoing medical and mental health care for sexual abuse victims and abusers: a) ACJCS shall offer medical and mental health evaluation and as an appropriate treatment to all residents who have been victimized by sexual abuse within the facility.

PREA Policy 5-1, section 18b, Ongoing medical and mental health care for sexual abuse victims and abusers b) The evaluation and treatment shall include as appropriate, follow up services, treatment plans, and when necessary continued care following their placement in other facilities or their releases from custody.

PREA Policy 5-1, section 18c: Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

PREA Policy 5-1, section 18d, Ongoing medical and mental health care for sexual abuse victims and D) if pregnancy results...victims shall receive timely and comprehensive information and access to all lawful pregnancy-related medical services.

PREA Policy 5-1, section 18e, Ongoing medical and mental health care for sexual abuse victims and abusers E) resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections, as medically appropriate.

PREA Policy 5-1, section 18f: Treatment services shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident.

PREA Policy 5-1, section 18g: ACJCS shall attempt to conduct 5 mental health evaluations of resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

ACJCS PREA Policy 5-1.17q: Counseling will be provided for all victims of prohibited sexual behavior either by the detention counselor or through Warm Springs Counseling Center per the memo of understanding ACJCS has with Warm Springs Counseling Center.

ACJCS PC duties develop the coordinated response plan, with the Coordinated PREA Compliance Team; oversees all aspects of the coordinated response to allegations of sexual abuse and harassment; reviews responses to all allegations and reviews all allegations; a part of the incident review team; Coordinates and collaborates with all key PREA stakeholders-

ACSO, HR, Warm Springs Counseling; AAFV; reviews potential training on PREA.

Facility Coordinated Response Plan and flow chart is a complaint about requiring action to be taken to ensure the victim and aggressor are separated, then notifying AAFV. medical, mental health

Draft ACJCS Response Plan:

- This is the ACJCS Coordinated Response Plan to a PREA Incident. It includes:
- It includes: "Types of Incidents;" First responder duties; Shift Supervisor duties, Detention Manager duties; PC duties, Detention Medical duties.
- A flow chart of response from the time of the resident making the allegation-completion of the criminal and investigations-including any criminal prosecution or administrative discipline.

The AAFV-ACJCS Sexual Assault Protocol: notifying medical and/or law enforcement, as well as Child Welfare (1-855-552-5437); Law enforcement conducts an initial interview to determine if a crime committed. If a crime-a detective or other law enforcement investigator engaged.; Detective notifies St Alphonsus and asks Charge Nurse to provide a SAFE nurse, for a PREA exam-provided within 30 minutes and an outside time of 60 minutes); Transport the victim to the hospital with a detention officer; Activate Victim Advocate (208-459-4779) AAFV rape crisis line (responds to the hospital or juvenile detention in 30 minutes or less). Advocate accompanies the victim to exam and interview and meets with the victim privately afterward to review their rights and provide resources. Continues advocacy services for the victim through the investigation and any civil/criminal trials or appeals; Victim referred to Warm Springs Counseling for ongoing mental health services (208-343-7797 ext. 1238); ACJCS staff prepares PREA Report in conjunction with law enforcement.

Additional information on page 6 of the ACJCS Response Plan:

- Regarding not having any ACJCS or ACSO employee escort the victim that is involved in the allegation; that Alphonsus, in an emergency can activate the SAFE nurse as needed,
- Required notifications will be made by the Detention Manager, within 14 days: including the juvenile's attorney.
- Retaliation monitoring will be done for at least 90 days and actions to be taken: housing changes, discipline-time outs behavior management group; If staff member retaliation-report to HR and open an administrative investigation, can be placed on administrative leave with or without pay.
- Post Investigation Duties: Notify the victim, in writing, of the finding (place in investigative file); forward the results of the investigation to the prosecutor's office for possible charges; Use the administrative investigation to determine disciplinary sanctions up to and including termination; ACJCS conducts a sexual abuse incident review within 30 days of the conclusion of the investigation-on unsubstantiated and substantiated sexual abuse and sexual harassment, and compile a report of its findings and implement changes as recommended. All reports, incident reports, and incident reviews will be securely stored for at least 10 years.

AAFV Memorandum of Understanding, original and renewals: This agreement was first signed on June 27, 2017.

- This MOA includes an agreement to follow the PREA provisions and all applicable federal regulations,
- Agree to utilize AAFV-ACJCS Sexual Assault Protocol—notification, counseling referrals, and advocacy,
- Train AAFV on ACJCS sexual abuse and sexual harassment prevention, detection, and response policies and procedures and how they require additional action by the AAFV, and AAFV agrees to follow said county policies and procedures,
- AAFV obligations: criminal background checks,
- AAFV to complete training on AAFV's responsibilities under the county's sexual abuse and sexual harassment policies and procedures,
- AAFV to adhere to reporting protocols relating to reports of sexual victimization.
- AAFV acknowledges that County conducts periodic monitoring.
- AAFV will provide staff to receive, process, and act upon all calls from an ACJCS detainee or staff using the 24-hour rape crisis hotline number.
- AAFV will immediately notify Child Welfare and the ACJCS Detention Manager-complying with mandatory reporting provisions of Idaho Code 16-1605.

County obligations: Follow provisions of PREA, as well as county policy and procedures, to the extent said county policies and procedures do not conflict with PREA provisions; periodically monitor this agreement for compliance; ensure costs for advocacy services provided will not be incurred by juvenile victims or victims family; County will prominently post and provide to the juvenile upon arrival the 2hour rape crisis hotline contact number; pay AAFV twenty-five dollars per hour for services rendered under this contract, and standard mileage.

Warm Springs MOU: Protocol on Counseling for Sexual abuse victims: Warm Springs provides initial evaluation and, as appropriate, mental health treatment, consistent with the community level of care. As appropriate, follow-up services and treatment plans will be provided. As required or agreed upon, ACJCS arranges for transport to the offsite location by ACSO or provides a secure counseling location in ACJCS Detention. As necessary, referrals for continued care are provided to the victim, the following transfer to or placement in other facilities or release from the custody of ACJCS detention center or Idaho Department of Juvenile Corrections

Draft MOU with ACSO (law enforcement for investigative criminal sexual abuse investigation services and response.

- ACSO provides the investigative services that are essential to ensure ACJCS complies with PREA.
- ACSO shall provide investigative services to ACJCS and its Detention staff for any allegation of staff sexual misconduct or youth-on-youth sexual abuse or harassment which involves potentially criminal behavior.

Interviews:

Mental Health: stated that:

- They provide counseling and daily check-ins for resident victims of sexual abuse,
- AAFV provides continuing services and follow-up after leaving the facility,
- Warm Springs provides counseling also,
- AAFV is called and comes over or meets the resident at the hospital in that case mental health accompanies the resident to the hospital until the advocate arrives, they provide ongoing services, and referrals for additional services,
- Emergency services are provided immediately, and the victim is transported to St Alphonsus hospital where a SAFE is performed,
- I ensure the resident has the appropriate follow-up services in place when they leave the facility,
- Mental health services are better than services provided in the community as residents have access to mental health on an ongoing basis,
- Records of incidents of sexual abuse and harassment are kept in locked mental health files; assist in ensuring residents are not with abusers in housing, programming, or education,
- Training received includes Staff PREA training and yearly refreshers, NIC-Mental Health Care for sexual assault victims in Confinement Settings.
- ACJCS Detention is a short-term detention center that provides counseling to residents. These evaluations would be court-ordered, and their probation officer would arrange for an evaluation and treatment. For mental health evaluations and treatment for sexual abusers, this is arranged by their probation officer at the next facility they are transferred to for that treatment.

Medical Staff stated:

- We do not conduct forensic exams; residents are transported to St. Alphonsus Hospital for a SAFE
- Training received includes employee PREA training and yearly refreshers, NIC-PREA Medical Health Care for Sexual Assault Victims in Confinement,
- There have been zero allegations of sexual abuse at ACJCS detention,
- Medical staff are involved in all investigations,
- Medical evaluation is conducted, as appropriate and we provide treatment for all residents victimized by sexual abuse-pregnancy tests, testing for sexually transmitted diseases, all legally permitted pregnancy services, follow-up services, treatment plans, and when necessary continued care following their placement in another facility or in the community,
- No conditions are tied to programming or education for access to these services,
- Crisis intervention and emergency medical treatment are provided immediately upon learning of an allegation of abuse,

- Victims are taken to St Alphonsus hospital for a forensic exam by a SANE and the AAFV advocate determines the nature and scope of services be provided,
- Ongoing medical support is provided in-house,
- St Alphonsus hospital and ER nursing staff provide emergency contraception and sexually transmitted infection prophylaxis,
- In-house Programs Clinician counselors are provided to victims at or above the community level of care; pregnancy testing and STD testing are provided through Central District Health and we have an MOU.
- We provide a physical within 7 days of the resident's arrival in detention-we ask about previous sexual abuse and refer them to a Programs clinician for counseling,
- Medical staff is on duty from 6 am to 10 pm and outside medical comes in weekly, as well as programs clinicians from M-F from 8-5.
- Residents are in their individual rooms at times there is no medical staff on duty.
- Pregnancy testing, and timely access to all lawful pregnancy-related medical services; and sexually transmitted testing is offered through Central District Health (MOU) but may be provided through St Alphonsus Hospital,
- The care at ACJCS is at or above the community level,
- As well as MOU's with AAFV and Warm Springs Counseling. confirms that services are provided without cost to the victim,
- Resident victims of sexual abuse would receive emergency contraception and sexually transmitted infections prophylaxis, from St Alphonsus Hospital or from Central District Health.
- All medical records documenting services related to sexual abuse are kept in secure storage in the medical/mental health area.

Warm Springs Counseling Services staff interview: We provide counseling services to ACJCS Detainees. We have an MOA with them to provide an initial mental health evaluation and then if needed, mental health treatment. After the evaluation, we provide an individual treatment plan to ACJCS; we also provide any follow-up services and/or referrals to counseling services, after the resident leaves the facility. Our services are community services and maintain a high level of care. We also work with ACJCS to ensure they provide transport to counseling services or we can go to ACJCS- they are required to provide us with a secure setting for the counseling, as per our agreement with them.

AAFV staff interview:

- We have a MOA with ACJCS; our primary contacts are the ACJCS Director and the PREA Coordinator; ACJCS provided our staff with training on ACJCS sexual abuse and sexual harassment prevention, detection, and response policies and procedures and how they require additional action by the AAFV, and AAFV agrees to follow said county policies and procedures, , as well as a tour of the facility; We also conduct a teen group at the detention facility- Healthy Relationships and Wise Guy for boys; ACJCS calls us if there is a sexual abuse incident at ACJCS Detention and we provide an advocate—either goes to the facility, or meets them at St. Alphonsus hospital and we usually respond within 30 minutes and an outside of 60 minutes-after hours and weekends; our advocate accompanies residents during the forensic exam, during the investigative interviews and during court proceedings; we provide emotional support services, crisis intervention, provide information to help the resident through this process, provide relevant referrals-if resident leaves the facility or for other services the youth may need; our services can be provided over the phone, mail, onsite at the facility and onsite at the hospital, court, or other civil/criminal proceedings and appeals; our services are free; we also provide services to non-English speaking youth; We provide ongoing services to residents after they leave the facility or referrals to services in the county/city they are going to; we provide flyers and training to ACJCS;
- We also provide reporting services for ACJCS detainees- (outside Reporting source)-when we receive a call, we contact the facility director, respond to the facility if needed, call law enforcement with ACJCS; We do provide services and reporting service for detainees who report anonymously.
- We also provide emotional support services to residents who call out a hotline for support services about a former incident of sexual abuse-these services are not part of our outside reporting service responsibilities; however, by Idaho law, we must report all abuse (reported to us by youth under 18) to law enforcement and we ensure the youth knows this at the beginning of providing support services; If we receive a report of abuse, that happened in an ACJCS, or another facility, or in the community, that has not been previously reported, we report it to law enforcement and to ACJCS, provide advocate services and/or emotional support services or referrals
- We have never received a report of sexual abuse from ACJCS detainees or received a request for emotional support services.

AAFV Memorandum of Understanding, original and renewals: This agreement was first signed on June 27, 2017.

- This MOA includes an agreement to follow the PREA provisions and all applicable federal regulations,
- Agree to utilize AAFV-ACJCS Sexual Assault Protocol—notification, counseling referrals, and advocacy,
- Train AAFV on ACJCS sexual abuse and sexual harassment prevention, detection, and response policies and procedures and how they require additional action by the AAFV, and AAFV agrees to follow said county policies and procedures,
- AAFV obligations: criminal background checks,
- AAFV to complete training on AAFV's responsibilities under the county's sexual abuse and sexual harassment policies and procedures,
- AAFV to adhere to reporting protocols relating to reports of sexual victimization.
- AAFV acknowledges that County conducts periodic monitoring.
- AAFV will provide staff to receive, process, and act upon all calls from an ACJCS detainee or staff using the 24-hour rape crisis hotline number.
- AAFV will immediately notify Child Welfare and the ACJCS Detention Manager-complying with mandatory reporting provisions of Idaho Code 16-1605.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Standard: 115.386: Sexual abuse incident reviews Compliance Assessment: compliant</p> <p>Anacronyms used in this standard report:</p> <ul style="list-style-type: none"> • PC: ACJCS PREA Coordinator • ACJCS: Ada County Juvenile Court Services • ACJD: Ada County Juvenile Detention (audited facility) • OAS Online Audit System (DOJ) • ACSO Ada County Sherriff's Office <p>Documentation Reviewed for Compliance: PREA Policy 5-1, section 24a; four reviewed investigations; One incident review 4+ years ago.</p> <p>Interviews: Detention Director.</p> <p>Site Review Observations: The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: interviews of staff, residents, the ACJCS PREA Coordinator (PC) and management, ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p>Compliance Assessment for 115.386 a-e:</p> <p>a, b, c, d, e:</p> <p>PREA Standard Requirements:</p> <ul style="list-style-type: none"> • <i>A: The facility shall 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.</i> • <i>B: Such review shall ordinarily occur within 30 days of the conclusion of the investigation.</i> • <i>C: The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.</i> • <i>D: The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.</i> • <i>E: The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.</i> <p>Policy/Procedure:</p> <p>PREA Policy 5-1, section 24a complies with the requirements of standard 115.387. It requires ACJCS to conduct a PREA incident review-within 30 days of the conclusion of the investigation, be made of management and supervisors, assess staffing levels, assess video monitoring, consider the motivation behind the incident, assesses if a change of policy or practice is needed, prepares a report of its findings and recommendations, and implement the changes.</p> <p>This policy is compliant with the requiring ACJCS to take action, by conducting PREA incident reviews and ensuring recommendations are implemented, to comply with this standard, 115.386 a-f.</p> <p>Documentation and Practice</p> <p>Two incident reviews: 20-06- in 2020, and a 2016 investigation, were reviewed and contain all required elements of the incident review. In addition, recommendations were carried out. (professionalism training, additional cameras).</p>

The SSV reports and ACJCS Annual PREA Report were reviewed to ensure they matched with the incident reviews conducted and were found to match and are compliant.

ACJCS blank PREA incident review form documents the: date, members of Review Panel; brief synopsis of the initial incident; conclusion of investigation including any recommendations from investigator; review of investigation-need to change policy or practice? Motivated by race, ethnicity, gender identity, LGBTI, intersex identification, perceived status, gang affiliation, other group dynamics, and please explain; examination of the area, what physical barriers in the area may facilitate abuse; staffing levels during the incident, were they adequate; monitoring technology, was it adequate; recommendation for improvement.

This form is compliant with containing all PREA required areas for review and report, and review of completed reports confirmed that all areas are assessed, and the report is complete and satisfies these standards requirements.

Other Reviewed investigations:

- PREA Investigation Report: 19-02: Sexual harassment allegation, resident-to-resident, unsubstantiated- does not require an incident review.
- PREA investigative completed report 19-03; Sexual harassment allegation, resident on resident, unsubstantiated- does not require an incident review,
- PREA investigative Report 19-04: Sexual abuse alleged, resident-to-resident, unfounded- does not require an incident review,
- PREA investigative report: 20-05: Sexual harassment allegation, resident-to-resident; unfounded- does not require an incident review.
- PREA investigation report 20-06: Sexual harassment allegation, resident on resident; substantiated (no review required). This investigation was reviewed and an incident review report completed with recommendations that the PREA Compliance Team is working on.
- 2016 investigation: staff on resident sexual misconduct; no administrative or criminal investigation and documentation included in requested documentation, unsubstantiated (required and has an incident review and report completed as well as recommendations)

All investigations were reviewed to ensure that incident reviews were conducted on all sexual abuse allegations that were unsubstantiated or substantiated.

Reviewed Incident Reviews for compliance within 30 days of investigation: 2016 allegation: review 11/30/2016; 2020 review (not required), but the investigation was completed on 7/22/2020, and the review completed on 8/20/2020-within the required 30-day window.

- The incident reviews confirmed that both sexual abuse allegations, received in 2016 and 2020, had a review form and report completed; however, the investigative report and information, for the 2016 allegation, was not provided to this auditor and it will be required in corrective action, to complete this review.
- The 2020 allegation was sexual abuse but was unfounded for that allegation and founded for sexual harassment and does not require an incident review. The 2020 report, 20-06, was not required to have an incident review and ACJCS exceeded this standard with this review.

Staff training logs, statements of understanding, training curriculum: staff training logs document that staff received Professionalism in the ACJCS Detention in February 2017, and professionalism refresher in 7/2017-and every year since as a part of the recommended action for incident review for 2016.

Staff statements of understanding for the PREA refresher training in 2020 are included in secure audit documentation, and professionalism is a part of the curriculum documented-these records are included for all random staff interviewed at the on-site review.

These documents are compliant for illustrating practice that follows this PREA requirement—conducting incident reviews and completing this report and completing recommendations- from an investigation and incident review for the 2016 allegation. In addition, recommendations were made for actions, in 2020, report and the PREA Compliance Team continues to work towards the completion of those recommendations.

Interviews: Management interviews confirm that there is an incident review conducted within 30 days of the end of the investigation, that all categories-required by the standards are on the form and reviewed, and this is done for every substantiated or unsubstantiated allegation of sexual abuse; we ensure the recommendations are addressed and completed or planned for. The PREA Compliance Team ensures the recommendations are addressed and works on them until they are completed and implemented.

Compliance Assessment for 115.383 a, b, c, d, e:

ACJCS is compliant with this standard.

Incident reviews are conducted on all sexual abuse allegations that investigation shows are unsubstantiated or substantiated, and ACJCS even exceeds this requirement by conducting an incident report on a founded sexual harassment investigation—due to the initial allegation being sexual abuse.

The completed reports contain all required standard areas and the ACJCS reports were thorough and complete.

ACJCS conducts incident reviews within 30 days of the completion of the investigation, in the last three years, and this process is handled by the PREA Compliance Team, who also ensures the completion of the recommendations on the incident review/report. The PREA Compliance Team is the workgroup for the recommendations that come out of the Incident review/report and continue working through solutions for the recommendations until they are accomplished.

The following describes the evidence used to determine compliance:

PREA Policy 5-1, section 24 a: The facility shall conduct a PREA incident review within 30 days of the conclusion of every sexual abuse investigation. The review team will be made up of management and supervisors, will assess staffing levels, assess video monitoring, consider the motivation behind the incident, consider whether the incident indicates a need to change policy or practice, prepare a report of its findings and implement changes as recommended. The facility shall conduct a PREA incident review within thirty days of the conclusion of every sexual abuse investigation.

Ada County Juvenile Court Services Sexual Abuse Incident Blank Review form: Date, members of Review Panel; brief synopsis of the initial incident; conclusion of investigation including any recommendations from investigator; review of investigation—need to change policy or practice? Motivated by race, ethnicity, gender identity, LGBTI, intersex identification, perceived status, gang affiliation, other group dynamics, and please explain; examination of the area, what physical barriers in the area may facilitate abuse; staffing levels during the incident, were they adequate; monitoring technology, was it adequate; recommendation for improvement.

ACJCS PREA incident reviews:

- 20-06: sexual abuse alleged but unfounded, founded for sexual harassment, resident to resident, founded for sexual harassment; perpetrator moved to another pod/unit and programming; evaluation indicated that policy does not need to be changed; motivation (race, ethnicity, gender identity, LGB, transgender, intersex identification, perceived status, gang, other group dynamics) was listed as group dynamics—and explained; no blind spots or physical barriers; staffing levels 1:8; reviewed three cameras; recommendations: in the process of a security upgrade—will upgrade cameras in this pod for clearer pictures, look for ways to have more groups out of rooms—as all residents were in rooms and recommended to have a staff at the desk in the pods to cut down talking in the pods.
- 2016: management members of the review committee; synopsis of the initial incident; referred to Law enforcement (ACSO); no law enforcement investigation included or finding referenced; finding was inconclusive of the administrative investigation, review of policy needs—none; motivation reviewed—none apply; staffing levels 1:8; review of technology found a blind spot; recommendations for improvement: add two cameras, professional boundary training, one-on-one with HR for staff, and training for all staff to ensure understanding.

Staff training logs, statements of understanding, training curriculum: staff training logs document that staff received Professionalism in the ACJCS Detention in February 2017, and professionalism refresher in 7/2017; staff statements of understanding for the PREA refresher training in 2020 are included in secure audit documentation, and professionalism is a part to the curriculum documented—these records are included for all random staff interviewed at the on-site review.

Reviewed investigations:

- PREA Investigation Report: 19-02, ACJCS PREA Juvenile interview completed forms 19-02, Email notification 19-02, or Face sheets 19-02, Completed Notification of Investigation findings 19-0,
- PREA investigative completed report 19-03; Juvenile interview form 19-03; Four Juvenile Interview Forms 19-03; Three Written statement 19-03; Incident Report 19-03; Grievance Form 19-03; Three Notifications of investigation finding,
- PREA investigative Report 19-04; Juvenile Interview Forms 19-04; Email notification 19-04; Picture from audio 19-04; Notification of Investigation 19-04,
- PREA investigative report: 20-05; Juvenile Interview form 20-05; Three Statement forms 20-05.
- PREA Investigative report 20-06: sexual harassment, resident-to-resident; notification of substantiated finding; investigative report; incident report; email reporting incident to the investigator; juvenile interview forms; written statements; 7-22-20

Reviewed Incident Reviews for compliance within 30 days of investigation: 2016 allegation: review 11/30/2016; 2020 review (not required), but the investigation was completed on 7/22/2020, and the review completed on 8/20/2020—within the required 30-day window.

PREA Compliance Team Charter: Ensure ACJCS compliance with the Federal requirement that ACJCS implement PREA; improve ACJCS processes; meet quarterly or more often to review PREA Compliance, incidents, training, staffing, and related standards; Prepare ACJCS for an audit and provide resources to pass the audit; Prepare ACJCS staff for continuing awareness and education on sexual assault and sexual harassment.

PAQ:

- In the last 12 months, there were 2 criminal or administrative investigations of alleged sexual abuse.
- States that ACJCS conducts the incident review within 30 days of the conclusion of the administrative investigation.
- One allegation/investigation was unsubstantiated, and one was unfounded. Only the one that was unsubstantiated required an incident review and it is included in the secure documentation of this audit and is compliant with the requirements of this standard.

SSV reports:

- **A review** of the SSV reports for 2019, show one report of sexual abuse that was unfounded and agrees with the number of investigations and incident reviews completed.
- Documentation is included in this audits secure DOJ OAS storage; review of SSV reports for 2018 reported 1 nonconsensual sexual act, youth on youth that was unfounded and did not require an incident review;
- The 2017 SSV report documents zero sexual abuse incidents;
- 2016 review reported one reported of sexual abuse-unsubstantiated, and this agrees with the number (1) of incident reviews conducted and documented in this audit report.

Grievances: A review of grievances confirmed that the sexual abuse allegation was received as a grievance in 2019. As documented by the SSV reports, investigation, and incident review. There were zero other grievances that had reports of sexual abuse.

Annual reports: The annual report documents,

- 2020 reports 1 allegation of youth sexual harassment-substantiated and zero staff sexual abuse allegations. (no required incident review)
- 2019 reports 1 allegation of sexual abuse unfounded. (no incident review required)
- 2018 has 1 allegation of youth-on-youth sexual abuse-unfounded, and 1 allegation of staff sexual misconduct-unsubstantiated. (Incident review not required on staff allegation, but one was completed)
- 2017 has zero allegations of sexual abuse or sexual harassment reported.
- 2016, one allegation of staff sexual abuse and was substantiated. (incident review required and completed)

This annual report matches the number reported in this audit (2), by ACJCS, and investigated. Also matches the number of incident reviews conducted (2) on all unsubstantiated or founded allegations.

Management interviews:

- PREA incident Review Team consists of the ACJCS PREA Compliance Team-Director, PC, Detention Manager; Detention Assistant Manager; Detention Medical Supervisor, and information is gathered from anyone who has additional information; The recommendations are used to change policy and practice—also we implement the recommendations; We consider all possible motivations behind the abuse—noted and listed on the review form, examine the areas, looks at staffing levels, video monitoring and technology; we document all of the reviews in the Incident Review Form and report and cover it in the next annual staff review; this is done for every substantiated or unsubstantiated allegation of sexual abuse; we ensure the recommendations are addressed and completed or planned for. The PREA Compliance Team ensures the recommendations are addressed and works on them until they are completed and implemented.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.387 - Data collection</p> <p>Compliance Assessment: Compliant</p> <p>Anacronyms used in this standard report:</p> <ul style="list-style-type: none"> • PC: ACJCS PREA Coordinator • ACJCS: Ada County Juvenile Court Services • ACJD: Ada County Juvenile Detention (audited facility) • BJA: Bureau of Justice Statistics • SSV: Survey of Sexual Victimization <p>Documentation Reviewed for Compliance: SSV Reports 2016-2020; ACJCS PREA Policy 5-1.24c; ACJCS Annual PREA Report-2017-2019; SSV facility reporting forms; SSV individual report forms, investigations, incident review, Allegation information spreadsheet</p> <p>Site Review Observations: The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: interviews-of staff, residents, the ACJCS PREA Coordinator (PC) and management, ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p>Compliance Assessment for 115.387: a, b, c, d, and f,</p> <p>Standard Requirements:</p> <ul style="list-style-type: none"> • (a) <i>The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</i> • (b) <i>The agency shall aggregate the incident-based sexual abuse data at least annually.</i> • (c) <i>The incident-based data collected shall 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.</i> • (d) <i>The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</i> • (e) <i>The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.</i> • (f) <i>Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</i> <p>ACJCS Policy/procedure:</p> <ul style="list-style-type: none"> • ACJCS PREA Policy 5-1.24 states that, " ACJCS will participate in the yearly SSV from the Bureau of Justice Statistics." • This policy requires participation in the SSV process of the Bureau of Justice Statistics. <p>Documentation and practice:</p> <p>AACJS completed SSV reports:</p> <ul style="list-style-type: none"> • A review of the SSV reports for 2019, shows one report of sexual abuse that was unfounded. • A review of SSV reports for 2018 reported 1 nonconsensual sexual act, youth on youth that was unfounded. • The 2017 SSV report documents zero sexual abuse incidents., • 2016 review reported one report of sexual abuse that was determined unsubstantiated for sexual harassment. • There were no substantiated reports of sexual abuse. • There is a 2020 investigation and finding of substantiated for youth-on-youth sexual harassment that will need an individual form SSV form, in 2021 when the SSV forms are due. <p>The SSV form uses uniform data, collected by the facility, for every allegation of sexual abuse. The SSV forms are a standardized instrument and set of definitions that the facility must use to collect accurate and designated data for this annual report.</p>

The SSV form collects both agency data- in a comprehensive form, and individual incident data- on an individual report format-for substantiated reports of sexual abuse and sexual harassment-for youth-on youth and staff on youth allegations.

ACJCS is required to provide the SSV reports to the BJA yearly, upon request; however, collects all the required, uniform data/information and has it available for audits, annual reports, and requests from the Bureau of Justice Statistics (BJA).

For every allegation of sexual harassment or sexual abuse, the information on the individual form is collected and documented. The incident-based data collected includes, 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.

ACJCS collects information on all sexual abuse or sexual harassment allegations-required data/information on the alleged victim(s), alleged perpetrator(s), and additional required facility and incident information-in a spreadsheet and uses this information to fill out the yearly SSV forms/reports that required by the Department of Justice.

ACJCS filled out the facility SSV forms, with collected data on the facility SSV forms. A review of all documentation, SSV forms, documentation spreadsheet, and annual reports, as well as this standard's requirements, find ACJCS, after corrective action, is compliant in policy and practice.

During corrective action, ACJCS/ACJD created and implemented a spreadsheet that tracks all allegations of sexual abuse and sexual harassment and includes the collection of all information required on SSV forms. In addition, ACJCS included on this tracking sheet, any sanctions given, to assist in easily tracking this information in one place. This documentation is part of this audit documentation.

115.387 e:

115.387e requires ACJCS to collect the same data from any facilities under its direct control. ACJCS only has one juvenile facility under their direct control and that is Ada County Juvenile Detention; and so, this part of the standard is N/A for needed compliance.

ACJCS/ACJD is compliant with standard 115.387.

Additional Documents used to determine compliance:

ACJCS PREA Policy 5-1.24: c: ACJCS will participate in the yearly Survey on Sexual Violence (SSV) from the Bureau of Justice Statistics.

ACJCS/ACJD Tracking spreadsheet on all sexual abuse and sexual harassment allegations.

SSV documentation: The SSV form has all the data that is required to keep and report—if asked. It is the standardized instrument and set of definitions that must be kept by all juvenile facilities.

Review of Completed SSV forms:

SSV substantiated (individual incident) form: untitled (census.gov)

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Standard: 115.388-Data review for corrective action Compliance Assessment: Compliant</p> <p>Anacronyms used in this standard report:</p> <ul style="list-style-type: none"> • OAS Online Audit System (DOJ) • ACJD: Ada County Juvenile Detention (audited facility) • PC: ACJCS PREA Coordinator • ACJCS: Ada County Juvenile Court Services <p>Documentation Reviewed for Compliance: PREA Policy 5-1, section 24b; ACJCS Annual Report 2013-2020; Standard 115/387 audit review; auditing requirements: ACJCS website https://adacounty.id.gov/juvenilecourt/juvenile-detention-center/#prea; SSV individual form untitled (census.gov); SSV agency reporting forms reviewed in 118.387: SSV Juvenile Information required to be collected; investigations; incident reports; incident reviews; revised 2020 PREA report; Tracking spreadsheet</p> <p>Interviews: ACJCS Director; PC; Assistant Compliance Manager.</p> <p>Site Review Observations: The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: interviews-of staff, residents, the ACJCS PREA Coordinator (PC) and management, ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p>115.388 Standard Requirements:</p> <ul style="list-style-type: none"> • a) <i>Review: SSV data collected and aggregated, as per 115.387, and the multiple sources where the information was gathered. Including: Reviewing and collecting data from all available incident-based documents, reports, investigation files, and sexual abuse incident reviews; Use of the above information to Assess the effectiveness of its sexual abuse: prevention, detection, response policies, and training; Improve the effectiveness of its sexual abuse: prevention, detection, response policies, and training. Including identifying problem areas and taking corrective action on an ongoing basis; Prepare An annual report from Its findings, the data review, corrective action for the facility, and corrective action for the agency.</i> • b) <i>"Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse."</i> • c) <i>"The agency's report shall be 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"</i> • d) <i>"The agency may redact 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."</i> <p>ACJCS Policy:</p> <p>ACJCS Policy 5-1, section 24 Data Collection and Review:</p> <p>b) <i>ACJS shall compile yearly data on sexual abuse incidents in detention into a report that is approved by the agency head and made available to the public through the agency website. The report will contain: Yearly statistics of reports of sexual abuse and sexual harassment in detention</i></p> <ul style="list-style-type: none"> • <i>Corrective actions taken</i> • <i>An assessment of the agency's progress in meeting PREA</i> • <i>All personal information will be removed from the report</i> • <i>The report will state what information was redacted</i> <p>c) <i>ACJS will participate in the yearly Survey on Sexual Violence from the Bureau of Justice Statistics.</i></p> <p>d) <i>The Assistant Detention Manager shall securely store all sexual abuse investigations, training records, unannounced rounds, yearly reports, and incident reviews.</i></p>

e) *The data collected will be stored for at least ten years.*

The ACJCS policy is compliant with the requirements of this standard.

Practice:

During the corrective action period, ACJCS completed corrective action on PREA standard 115.387. That compliance ensured the required information was recorded, collected, and aggregated, and therefore able to be used to complete corrective action on this standard 115.388.

ACJCS Tracking Spreadsheets:

During corrective action of PREA Standard 115.387, a tracking spreadsheet was developed to track all SSV required information for all allegations of sexual abuse and sexual harassment. This information, for each incident, included date; time; location; video; victim information, including # of victims, age, sex/gender, and race; allegation/type; injury; reported by; perpetrator information, including age, sex/gender, race, if a staff or resident, any physical force used, and threats of pressure; who the investigator was, investigative finding, and sanctions that were given. ACJCS included information for all allegations reported since 2018 and uses this spreadsheet for any new allegation information as it is received.

A review of ACJCS Annual PREA Reports 2018, 2019, 2020, and 2020 confirm:

- ACJCS annual reports have statistics for the years 2013 to 2020-for comparison. This includes the number of juveniles booked and released; resident-on-resident sexual abuse and sexual harassment allegations; and the staff-on-resident sexual misconduct and sexual harassment allegations, for all years listed. These statistics are gathered from sexual abuse and sexual harassment allegations, incident reports, incident reviews, and investigation findings.
- The annual report is compliant with the requirement that the report be approved by the agency head. Each PREA Annual Report on the website is signed by the Director of ACJCS each year, and that is documented in interviews with the Director. This is compliant with 115.388c.
- The ACJCS annual reports are posted on their website, as required by this standard and are compliant with standard 115.388c <https://adacounty.id.gov/juvenilecourt/juvenile-detention-center/#prea>
- ACJCS is compliant with the requirement that it redacts or does not include specific information when publication presents a threat to the safety and security of the facility. A review of all reports posted on the ACJCS website confirmed this. ACJCS is compliant with 115.388d

The review confirmed that ACJCS Annual PREA Report needed to include:

- Review of all required data collected and aggregated according to 115.387. (115.388a)
- Specific, detail of the past year's work to become compliant with the standards, implement the standards, and add the specific and detailed current year's work to remain compliant with the PREA standards. (115.388a)
- The assessment and improvements to the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis. (cameras, supervision, staffing plan, blind spots, rehousing, risk assessments, counseling, medical....)

(115.388 a1-3)

- A comparison of the current year's data and corrective actions with those from prior years and an assessment of the agency's progress in addressing sexual abuse. (115.388b)
- A report that includes specific findings and corrective actions for the facility, as well as the agency as a whole. (115.388a)

*For more information on this assessment, see complete review below under Documentation used to determine Compliance.

During corrective action:

The required SSV information on all allegations of sexual abuse and sexual harassment was gathered and entered on the PREA Incident tracking sheet for every alleged victim and perpetrator.

ACJCS assessed the collected and aggregated data (SSV forms and tracking spreadsheet) to identify problem areas, identify corrective action, and documented the assessment and action in their revised 2020 Annual PREA Report.

The 2020 ACJCS PREA Annual Report was revised to include:

- A synopsis of previous years' work to become compliant with and implement the PREA Standards and added specific

and detailed work completed in 2020.

- An assessment of improvements and effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including (1) Identifying problem areas; (2) any corrective action on an ongoing basis. (Cameras, supervision, staffing plan, blind spots, rehousing, risk assessments, counseling, medical).
- A comparison of the 2020's data and corrective actions with those from prior years
- An assessment of ACJCS's progress in addressing sexual abuse.
- Specific findings and corrective actions for the facility (ACJD) as well as the agency (ACJCS), and
- An explanation of the actions taken to ensure a low number of allegations and an even lower number of actual abuse, including response and prevention.

The following documentation was reviewed to assist in determining compliance:

- ACJCS website <https://adacounty.id.gov/juvenilecourt/juvenile-detention-center/#prea> where annual reports and audits are posted.
- Documentation in Standard 115.371 Investigations: incident reviews, incident reports

ACJCS is compliant with PREA standard 115.388 in policy and Practice. The policy includes the requirements of this standard and after corrective action, ACJCS attained compliance in practice as documented in this report.

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard: 115.389 Data Storage, publication, and destruction Compliance Assessment:</p> <p>Anacronyms used in this standard report:</p> <ul style="list-style-type: none"> • PC: ACJCS PREA Coordinator • ACJCS: Ada County Juvenile Court Services • ACJD: Ada County Juvenile Detention (audited facility) • OAS Online Audit System (DOJ) • ACSO Ada County Sherriff's Office • AAFV Advocates Against Family Violence • WSCS Warm Springs Counseling Services <p>Documentation Reviewed for Compliance: PREA Policy 5-1, section 24d; PREA Policy 5-1, section 24; PREA Policy 5-1, section 24e; ACJCS website https://adacounty.id.gov/juvenilecourt/juvenile-detention-center/#prea ; SSV individual form untitled (census.gov)</p> <p>Interviews: PCM; PC.</p> <p>Site Review Observations: The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: interviews of staff, residents, the ACJCS PREA Coordinator (PC) and management, ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p>Compliance Assessment for 115.389 a-d:</p> <p>Standard Requirements:</p> <ul style="list-style-type: none"> • (a)"f The agency shall ensure that data collected pursuant to § 115.387 are securely retained. • (b)"f The agency shall 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, • (c)"f Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. Rough • (d)"f The agency shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise. <p>Policy/Procedure:</p> <ul style="list-style-type: none"> • PREA Policy 5-1, section 24d: states that the Assistant Detention Manager securely stores all sexual abuse investigations, training records, unannounced rounds, reports, and incident reviews. This policy is compliant with standard 115.389a requiring secure storage for all data collected pursuant to standard 115.387: • PREA Policy 5-1, section 24: ACJCS shall compile yearly data on sexual abuse incidents in detention into a report that is approved by the agency head and made available to the public through the agency website. This policy is compliant with standard 115.389b requiring ACJCS to make all aggregated data readily available to the public at least annually through its website. • PREA Policy 24b iv: complies with the PREA standard 115.389c, by requiring ACJCS to remove all personal information from the report. • PREA Policy 5-1, section 24e comply with PREA standard 115.389d by requiring ACJCS to store sexual abuse collected data for at least 10 years. <p>The Policies above are compliant with the requirement of 115.389 a, b, c, d-policy/paperwork requirements.</p> <p>Documentation and Practice:</p> <p>Interviews with the PCM confirmed that all sexual abuse investigations, training records, unannounced rounds, SSV reports,</p>

and incident reviews are stored in locked cabinets in the office of the Assistant Detention Manager, or secure electronic data documents. He confirmed that he is responsible for the secure storage of all sexual abuse or sexual harassment data, SSV forms, aggregated data, investigations, reports, and incident reviews.

PC interview confirms that the agency posts aggregated sexual abuse data, from ACJCS Detention in an ACJCS Annual PREA Report on its website; also confirmed that there are zero personal identifiers in the Annual PREA Report, posted on the agency website, or publicly available; all aggregated sexual abuse data, including SSV, reports, are maintained for at least 10 years from the initial collection.

A review of the ACJCS website, <https://adacounty.id.gov/juvenilecourt/juvenile-detention-center/#prea>, confirms that:

- Reports from 2013 to 2020 are posted on their website. This is compliant with PREA Standard 115.389b.
- Reports from 2013 to 2020 do not contain any data that has any personal identifiers.
- There is no information publicly available on the website that has any personal identifiers.

Assessment of Compliance to 115.389 a-d:

ACJCS is compliant with paperwork/documentation and practice that complies with the PREA standard requirements of 115.389 a-d.

ACJCS PREA Policy 5-1, section 24d is compliant with the requirements of standard 115.389 a-d. It includes the following requirements:

- ACJCS to provide secure storage for all data collected pursuant to standard 115.387.
- ACJCS to make all aggregated data readily available to the public at least annually through its website.
- ACJCS to remove all personal information from the report.
- ACJCS to store sexual abuse collected data for at least 10 years.

The Practice is determined compliant by:

- Storing all sexual abuse and sexual harassment data in locked files or secure electronic documents-overseen by the PCM-as documented by on-site observations and interviews.
- Posting the ACJCS PREA Annual Report on the ACJCS website <https://adacounty.id.gov/juvenilecourt/juvenile-detention-center/#prea>, for the last 7 years.—as documented by review of website and reports in secure audit documentation.
- Ensuring the posted report, and any other publicly available aggregated sexual abuse data has all personal identifiers removed- as documented by checking all information posted on the ACJCS website and interviews.

Documents used to determine compliance:

PREA Policy 5-1, section 24d: The Assistant Detention Manager shall securely store all sexual abuse investigations, training records, unannounced rounds, yearly reports, and incident reviews.

PREA Policy 5-1, section 24: ACJCS shall compile yearly data on sexual abuse incidents in detention into a report that is approved by the agency head and made available to the public through the agency website.

PREA Policy 24b iv: All personal information will be removed from the report.

PREA Policy 5-1, section 24e: The data collected will be stored for at least 10 years.

Website, <https://adacounty.id.gov/juvenilecourt/juvenile-detention-center/#prea>

SSV reports 216-2019

PREA Annual Report 2020

Incident Review

Investigation Reports

Interviews: the PCM confirmed that all sexual abuse investigations, training records, unannounced rounds, SSV reports, and incident reviews are stored in locked cabinets in the office of the Assistant Detention Manager, or secure electronic data documents. He confirmed that he is responsible for the secure storage of all sexual abuse or sexual harassment data, SSV forms, aggregated data, investigations, reports, and incident reviews.

PC interview confirms that the agency posts aggregated sexual abuse data, from ACJCS Detention in an ACJCS Annual PREA Report on its website; also confirmed that there are zero personal identifiers in the Annual PREA Report, posted on the agency website, or publicly available; all aggregated sexual abuse data, including SSV, reports, are maintained for at least 10 years from the initial collection.

115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Standard: 15.401 Frequency and scope of audits Compliance Assessment: Compliant</p> <p>Anacronyms used in this standard report:</p> <ul style="list-style-type: none"> • PC: ACJCS PREA Coordinator • ACJCS: Ada County Juvenile Court Services • ACJD: Ada County Juvenile Detention (audited facility) • OAS Online Audit System (DOJ) <p>Documentation Reviewed for Compliance:</p> <p>PREA reports on the ACJCS website.</p> <p>Interviews: residents, random staff</p> <p>Site Review Observations: The onsite reviews-conducted in two onsite visits due to Covid-19 issues-included: interviews-of staff, residents, the ACJCS PREA Coordinator (PC) and management, ACJCS site reviews, video observations, process observation, walk-throughs, informal interviews, formal interviews, file reviews, and observations of daily facility operations on all shifts.</p> <p>Compliance Assessment for Review of the ACJCS website https://adacounty.id.gov/juvenilecourt/juvenile-detention-center/#prea ; shows that all audit reports are posted to their website and are compliant audit reports.</p> <p>This is the third audit for ACJCS. This audit was started in 2019; however, had to be postponed several times due to COVID 19. ACJCS Detention is the only facility run under this agency. They had their first audit in 2014, the second one in 2017.</p> <p>This auditor visited ACJCS in two site visits. The first visit resulted in the lack of the ability to do a site visit into the detention facility due to COVID. This auditor was able to interview all agency personnel and review files.</p> <p>In the second site visit, this auditor was able to visit ACJCS Detention and had full access to all areas of the facility, except the kitchen area that was quarantined by all staff, and kitchen workers had a separate entrance that they were only able to access. The kitchen was not able to be accessed from detention. Residents are not allowed to go into the kitchen area, even when the facility is fully open. I was able to look through the window and see the area.</p> <p>This auditor was able to request and receive copies of relevant documents, including electronically stored information. Information was uploaded to the OAS system for secure storage in the DOJ system.</p> <p>This auditor was able to conduct private interviews with all requested residents during the site visit.</p> <p>The auditor postings were put up several months before the auditor visit and updated as to the date of the site visit. Staff and resident interviews confirmed that residents could send confidential letters to this auditor and understood their right and ability to do this the same as legal mail. I did not receive any correspondence from residents at ACJCS Detention residents or staff.</p> <p>ACJCS is compliant with standard 114.401 Frequency and scope of audits.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard: 115.403 Audit Contents and Findings Compliance Assessment: Compliant</p> <p>Anacronyms used in this standard report:</p> <ul style="list-style-type: none"> • PC: ACJCS PREA Coordinator • ACJCS: Ada County Juvenile Court Services <p>Documentation Reviewed for Compliance:</p> <p>Compliance Assessment for 115.403</p> <p>This auditor reviewed the ACJCS website https://adacounty.id.gov/juvenilecourt/juvenile-detention-center/#prea found both former PREA audits posted.</p> <p>PC Interviews confirmed that this audit report will be posted within 90 days of it being finalized, as will all audit reports in the future.</p> <p>ACJCS is compliant with standard 115.403 by posting all audit reports on its website.</p>

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?	no
	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.)	yes
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.)	no
	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.)	no
	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.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

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.)	yes
	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.)	yes
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.)	yes
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).)	yes

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (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.)	na
	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.)	na

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.)	na
	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.)	na
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.)	na
	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.)	na
	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.)	na
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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na

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

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	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.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
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.)	no
	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.)	yes
	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