

# Prison Rape Elimination Act (PREA) Audit Report

## Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report August 9, 2019

### Auditor Information

Name: Adam T. Barnett	Email: Adam30906@gmail.com
Company Name: Operations & Compliance Management, LLC	
Mailing Address: P.O. Box 20381	City, State, Zip: Augusta, Ga. 30916
Telephone: 404-683-6844	Date of Facility Visit: July 15 - 17, 2019

### Agency Information

Name of Agency: Management and Training Corporation (MTC)		Governing Authority or Parent Agency (If Applicable): -----	
Physical Address: 500 North Market Place		City, State, Zip: Centerville, Utah 84014	
Mailing Address: P.O. Box 10		City, State, Zip: Centerville, Utah 84014	
Telephone: 801-693-2600		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

**Agency mission:** MTC will be a leader in social impact by: Preparing youth for employment and citizenship; Preparing offenders to successfully transition into communities; Providing quality health care and promoting healthy lifestyles; Providing greater opportunity for citizens globally through economic and social development; and Investing in communities.

**Agency Website with PREA Information:** www.mtctrains.com

### Agency Chief Executive Officer

Name: Scott Marquardt	Title: President/CEO
Email: scott.marquardt@mtctrains.com	Telephone: 801-693-2800

### Agency-Wide PREA Coordinator

Name: Marl Lee	Title: Director Corrections/Corporate, PREA Coordinator
Email: mark.lee@mtctrains.com	Telephone: 801-693-2864

<b>PREA Coordinator Reports to:</b>  Bernie Warner, Senior Vice President		<b>Number of Compliance Managers who report to the PREA Coordinator</b> 25	
<b>Facility Information</b>			
<b>Name of Facility:</b> Idaho Correctional Alternative Placement Program (CAPP)			
<b>Physical Address:</b> 15505 S. Pleasant Valley Road, Kuna, ID 83634			
<b>Mailing Address (if different than above):</b> Same as above			
<b>Telephone Number:</b> 208-336-9959			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Facility Mission:</b> Idaho CAPP is committed to be a leader in the areas of Education, Job Training, and Corrections. We will be a leader by: •      Implementing our plans to achieve high performance standards and goals;•      Maintaining a foundation based on integrity, accountability, and excellence;•      Providing long-term growth and stability while ensuring fiscal responsibility;•      Empowering employees to implement innovative ideas for continuous improvement;• Building esteem and pride by embracing diversity and celebrating accomplishments.			
<b>Website with PREA Information:</b> <a href="https://www.mtctrains.com/corrections/prea/">https://www.mtctrains.com/corrections/prea/</a>			
<b>Warden/Superintendent</b>			
<b>Name:</b> Henry Atencio		<b>Title:</b> Warden	
<b>Email:</b> Henry.atencio@mtctrains.com		<b>Telephone:</b> 208-336-9959 ext. 215	
<b>Facility PREA Compliance Manager</b>			
<b>Name:</b> Darcy Acosta		<b>Title:</b> Deputy Warden	
<b>Email:</b> darcy.acosta@mtctrains.com		<b>Telephone:</b> 208-336-9959 Ext. 209	
<b>Facility Health Service Administrator</b>			
<b>Name:</b> Jessica Guzzetti		<b>Title:</b> HAS, Director of Nursing	
<b>Email:</b> Jessica.guzzetti@corizonhealth.com		<b>Telephone:</b> 208-336-9959 ext. 253	
<b>Facility Characteristics</b>			
<b>Designated Facility Capacity:</b> 442		<b>Current Population of Facility:</b> 420	
<b>Number of inmates admitted to facility during the past 12 months</b>			924
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>			924
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>			924
<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>			0

Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 20 - 86		
Are youthful inmates housed separately from the adult population?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:			0	
Average length of stay or time under supervision:			7.5 month	
Facility security level/inmate custody levels:			Minimum	
Number of staffs currently employed by the facility who may have contact with inmates:			80	
Number of staffs hired by the facility during the past 12 months who may have contact with inmates:			93	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			0	
<b>Physical Plant</b>				
Number of Buildings: 2		Number of Single Cell Housing Units: 0		
Number of Multiple Occupancy Cell Housing Units:		0		
Number of Open Bay/Dorm Housing Units:		4		
Number of Segregation Cells (Administrative and Disciplinary):		10		
<p>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</p> <p>Cameras are placed throughout the facility in common areas to include the outside of the buildings. All DVR sets have recording capability and are set to over sixteen days of recording time.</p>				
<b>Medical</b>				
Type of Medical Facility:		Pharmacy, dental suite, record storage, administration office, 2 observation rooms, and 4 offices.		
Forensic sexual assault medical exams are conducted at:		St. Alphonsus or St. Luke's		
<b>Other</b>				
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			12 Volunteers & 18 Contractors	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			2	

# Audit Findings

## Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite 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.*

The site review for this audit took place at Idaho Correctional Alternative Placement Program Facility (ICAPP) located at 15505 South Pleasant Valley Road Kuna, Idaho. The Idaho Correctional Alternative Placement Program Facility is operated by the Management and Training Corporation (MTC), for the Idaho Department of Corrections (IDOC). Idaho Correctional Alternative Placement Program Facility (ICAPP) hereinafter may be referred to as facility. It should be noted that, the IDOC refers to "inmates" as "offenders, therefore "inmates" and "offenders" will be used interchangeably through this report.

### Audit Methodology:

The auditor uses a triangular approach, by connecting the PREA audit documentations, on-site observation, tour, practice, interviewed staff, inmates, and local and national advocates to make determinations for each standard and provision.

### **Pre-onsite Audit Phase**

#### Posting:

The auditor provided the audit notice to the Management and Training Corporation (MTC) assistant PREA coordinator, with instruction to post the required PREA Audit Notice of the upcoming audit prior to the audit for confidential communications. The facility posted the notices in English and Spanish. The auditor observed the posted notices throughout the facility.

As of 8/2/19, there were no communications from inmates or staff.

#### Pre-Audit Questionnaire (PAQ):

In order to prepare for the audit process, email correspondence occurred with the agency's assistant PREA coordinator, warden and facility PREA compliance manager. As the auditor reviewed the materials provided by the facility, he collated documents that were on the flash drive.

The Pre-Audit Questionnaire was completed and sent to the auditor as required. As a part of the on-site visit the auditor requested that the facility PREA compliance manager review and revise the Pre-Audit Questionnaire to reflect updated information to include the current population.

The auditor completed a documentation review using the Pre-Audit Questionnaire, internet search, policies and procedures review, and additional documentation provided on a flash drive to include both the agency and the facility policy and procedures, agency mission statement, daily population report, schematic/layout for the facility and the last Final PREA Audit Report. The PREA compliance manager revised the PREA Audit: Pre-Audit Questionnaire to reflect accuracy of the report.

The results of the documentation review were shared with the facility prior to and at the site visit. Phone conversations were conducted, and email exchanges occurred with the facility.

The following documentation was requested:

- Inmate roster
- Youthful inmates, if any
- Inmates with disabilities
- Inmates who are Limited English Proficient (LEP)
- LGBTI inmates
- Inmates in segregated housing (PREA Related)
- Inmates who reported sexual abuse
- Inmates who reported sexual victimization during risk screening
- Staff roster
- Specialized staff
- Staff personnel files
- Inmate files
- Contractors who have contact with Inmates
- Volunteers who have contact with Inmates
- Grievances made in the 12 months preceding the audit
- Allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit
- General incident log
- All hotline calls made during the 12 months preceding the audit
- All incidents within the past 12 months

#### Website Review:

Prior to the onsite portion of the audit, the auditor conducted a website review of the Management and Training Corporation Website. The reviewed content included but was not limited to:

- MTC Overview
- PREA Webpage
- MTC PREA coordinator Information
- MTC assistant PREA coordinator Information
- MTC Annual PREA Reports – From 2012 – 2017 (115.87, 115.88, 115.89)
- PREA Audits: Auditor's Reports (115.403) – From 8/20/13 thru 8/20/19

- MTC's PREA Investigation Referrals Process
- MTC PREA Policy: Ensuring Safe Prisons

#### Site Review Preparation:

The auditor provided the MTC Assistant PREA coordinator, warden, and the facility PREA compliance manager with email notification regarding the team's upcoming site visit.

#### **On-Site Audit Phase**

##### Entrance Meeting

On 7/15/2019 the auditor arrived at the facility to conduct an entrance meeting. The entrance meeting served as initial introductions and onsite logistics with the facility leadership. The audit goals and expectations of the audit were shared with the following attendees:

- Warden
- Deputy Warden/Facility PREA coordinator
- Idaho Department of Corrections Agency PREA coordinator
- Maintenance Supervisor
- Lead Case Manager
- Lead Counselor
- ACA Compliance Manager
- Training Lieutenant
- Chief of Security
- Case Managers (3)

Welcomes were given by the warden and facility PREA compliance manager. The auditor introduced himself and provided a brief description of his experience, qualifications, correctional and auditing background.

Additional pre-audit information, requested weeks prior to, was obtained. The auditor was provided with offender and employee documentation to review. Updated offender and staffing list were also provided allowing the audit team to make randomized selection of interview participants including offenders and staff from housing units and specialized categories.

The audit agenda was reviewed and discussed, to include inmate population size based on 1<sup>st</sup> day of on-site audit, and the 2<sup>nd</sup> day activities. The auditor also established a process to make corrections on site and if necessary, post onsite follow up.

The following on-site schedule was shared with flexibility.

**Day One**  
Monday, 7/15/2019

Time	Activity/Auditor
7:30 a.m.	Arrival at the facility and meet with warden and facility PREA compliance manager.
8:30 a.m.	Entrance conference – meet key staff members / review agenda and provides a list of documents for on-site review and off-site review; staff inmates interview selections.
9:30 a.m. – 7:30 p.m.	Facility tour and observations; Interviews with specialized staff, random staff, random inmates and target inmates.
After Leaving Facility	Documentation review at hotel and informational consolidation.

**Day Two**  
Tuesday, 7/16/2019

Time	Activity/Auditor
8:00 a.m.	Interviews with specialized staff, random staff, random inmates and target inmates and documentation review at facility.
Open	Exit Conference

The facility provided the auditors with the requested meeting space, work space with adequate outlets and permissible technology (laptop and cell phone).

Staff Interviewed:

The auditor conducted interviews with agency leadership which are not counted in the totals. Below are the staff interviewed, either on-site or by telephone.

- MTC agency head
- MTC agency PREA coordinator
- MTC assistant agency PREA coordinator

The facility reported 103 full time staff (MTC and contractors).

- MTC Full Time: 85
- MTC Part-Time: 0
- Trinity Services Group (contractors): 5
- Corizon Health Inc. (Contractors): 13

The auditor conducted the following specialized staff interviews during the on-site phase or by phone:

Category of Staff Interviewed	# Interviews Conducted
Random staff (Total) <i>Selected from all shifts</i>	12
Specialized staff (Total)	18
Staff informally interviewed during facility tour	1
Staff refused to interview	0
<b>Total Staff</b>	<b>31</b>
<b>Breakdown of Specialized Staff Interviews</b>	
✓ Warden and designee - DOJ Interview Questions for warden	1
✓ Higher-level facility staff responsible for conducting unannounced rounds	1
✓ Incident review team member	1
✓ Facility PREA compliance manager - Designated staff member charged with monitoring retaliation	1
✓ Line staff who supervise youthful inmates (no youthful inmates) during tour	1
✓ Education staff who work with youthful inmates (During Tour)	1
✓ Program staff who work with youthful inmates (During Tour)	1
✓ Medical staff	1
✓ Mental health staff	1
✓ Non-Medical staff involved in cross-gender strip or visual searches	1
✓ Administrative (Human Resources) HR staff	1
✓ SAFE and/or SANE staff	0
✓ Volunteers who have contact with inmates	1
✓ Contractors who have contact with inmates	1
✓ Investigative staff – Agency Level (DOC)	0
✓ Investigative staff – Facility Level	1
✓ Staff who preform screening for risk of victimization and abusiveness	1
✓ Mail Room Staff	
✓ Staff who supervise inmates in segregated housing	1
✓ First responders, security staff	0
✓ First responders, non-security staff	1
✓ Intake	1
✓ Grievance staff	0
✓ Volunteer coordinator	0
✓ Case manager/counselor	0
✓ Operations/Incidents	0
✓ Training manager	0
<b>Total Specialized Staff Interviews</b>	<b>18</b>



The auditor informally interviewed 1 staff member. A review of the total of 31 formal and informal interviews revealed that staff at ICAPP has an understanding of PREA and their roles as it relates to PREA responsibilities.

#### Inmates Interviewed:

On the first day of the audit the facility bed capacity was 442. The number of inmates housed during the first day of the audit was 420.

The auditor conducted the following inmate interviews during the on-site phase of the audit:

Category of Inmates	# of Interviews Conducted
Random inmates (Total) <i>Selected from all Housing Units</i>	26
Targeted inmates (Total)	2
Inmates informally interviewed during facility tour	16
Inmates refused to interview	0
<b>Total Inmates Interviewed</b>	<b>44</b>
<b>Breakdown of Targeted Inmate Interviews</b>	
✓ Youthful inmates	0
✓ Inmate with a physical disability	1
✓ Inmates who are blind, deaf, or hard of hearing	0
✓ Inmates who are LEP	0
✓ Inmates with a cognitive disability	0
✓ Inmates who identify as lesbian, gay, or bisexual	1
✓ Inmates who identify as transgender or intersex	0
✓ Inmates in segregated housing for high risk of sexual victimization	0
✓ Inmates who reported sexual abuse that occurred at the facility	0
✓ Inmates who reported sexual victimization during risk screening	0
<b>Total Number of Targeted Inmates Interviews</b>	<b>2</b>

The auditor informally interviewed 16 inmates during the tour. A review of the total number of 44 formal and informal interviews revealed that inmates at ICAPP are receiving the proper PREA education. Inmates interviewed could describe PREA and the different ways to report allegations of sexual abuse and harassment at the facility: verbal, written, to staff or third parties, by mail, anonymously, to a family member, etc.

#### Site Review:

The auditor conducted a comprehensive site review of the facility. The auditor was provided a map of the facility prior to the onsite review.

On the first day of the audit after the entrance conference, the auditor toured the physical plant. When the auditor paused to speak to an inmate or staff, it was requested that the staff on the tour please step away so the conversation may remain private.

During the tour, the auditor observed the locations of video monitoring cameras around the facility, including those outside. The cameras are monitored 24 hours a day. None of the cameras field of view included the toilet and shower areas.

General population inmates are housed in four single-level double bunk housing units with an attached dayroom and outdoor recreation yard. Each housing unit provides two 54 bed dormitories divided by communal toilets, sinks, and showers. The unit officer's desk is located in the dayroom, immediately adjacent to the inmate living areas, which allows the officer to hear and interact with the inmates and promptly respond to emergency situations. Two utility officers are assigned to rove the four housing units and assist the unit officers.

The auditor observed the locations of grievance and medical boxes. Inmate risk screenings were completed in the intake area. The auditor was provided unimpeded access to all parts of the facility and all secure rooms and storage areas in the facility.

The auditor had sufficient opportunity to view inmate – staff interaction. There was also ample time to observe the nature and quality of inmate supervision throughout the on-site audit process, and in all instances the auditor observed appropriate respect on the part of both inmates and staff.

The PREA standards require the auditor to tour the facility to verify compliance with the standards, such as, but not limited to:

Location	Check
Facility physical design	✓
Camera locations	✓
Observe for blind spots	✓
Notices of the PREA Audits posted	✓
Holding rooms/cells (None)	✓
Segregated rooms/cells	✓
Inmate files in secured area	✓
Staff personnel files in secured area	✓
PREA information posted English & non-English	✓
Cameras does not have a line of sight into inmate's rooms, or the toilets and showers	✓
Staff of the opposite gender announces their presence when entering living areas	✓
No youthful offenders	✓
Renovated areas observed	✓
Inmates Program Areas	✓
Facility was orderly in appearance	✓
Grounds were good	✓
Reactions between inmates and staff (Excellent)	✓
Intake	✓

Administration area	✓
Storage rooms & closets	✓
Mail Room	✓
Commissary (Delivered)	✓
Laundry	✓
Dining (No Dining Area)	✓
Kitchen	✓
Visitation	✓
Library	✓
Inside recreation area	✓
Outside recreation area	✓
Grievance boxes	✓
Medical Unit	✓
Control Room monitors	✓
Counselors/Case Managers Work Areas	✓
Inmate Housing Units	✓
Sally Ports	✓

Locations with concerns during the tour:

- None

Outreach to National and local Advocacy Organizations:

PREA requires the auditor to conduct outreach to relevant national and local advocacy organizations. To communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. The following national advocacy, State, and/or community advocacy organization were contacted.

Advocacy Organization	Information Request	Response
Sane Solutions/Terry Reilly Mental Health Services	7/16/19 9:20 a.m.	7/16/19 10:30 a.m. – No concerns
Justice Detention International (JDI)	6/1/19	7/6/19 – No Response
National Sexual Violence Resource Center (NSVRC)	6/1/19 7:54 a.m.	6/3/19 12:46 p.m.: NSVRC recommend to contact local center.

The auditor and associate asked the local and/or national advocacy organizations the following questions:

1. How many SAFE or SANE referrals made in the last 12 months?
2. Can the inmate remain anonymous, upon request, when making a report?
3. Who do you notify at the facility regarding the report?
4. How many reports has the organization received in the past 12 months for advocacy services?

5. How many inmates reported sexual abuse and/or sexual harassment?

## Documentation Review and Sampling

### Documents Reviews:

During the site review, documentation review included but was not limited to the auditor's review of personnel, background checks, training, inmate files, investigations, etc. The documentation review process was covered by the auditor.

### Records Review

Name of Record	Total # of Records	# Reviewed
Dates: Personnel Records/Hire/Initial Background Checks/Five Year Background Checks/ PREA Statement/Training (MTC)	85	81
Volunteers Files/Background Checks/Training/PREA	30	Statement of Facts
Contractors Files/Background Checks/Training/	18	Corizon – 13 Trinity - 5
Dates: Inmate Files/Arrival Date/Orientation/ Handbook Receipt/ Education Information/ PREA Statement/PREA Screenings	442	43
Incident Reports	8	8
Investigation Records (SA and SH)	9	9
Grievances (All Complaints, including Sexual Abuse and Sexual Harassment) MTC	50	50 (Log)
Grievance (Alleged SA and SH)	0	0

### Investigation Records

It should be noted that any SA/SH Grievances are not reviewed by grievance process, if received these grievances are automatically sent for an investigation.

The 9 PREA-related allegations that were investigated in the past 12-month were reviewed and the following are the results.

Allegation	Number	Finding
Sexual Abuse <i>Staff on Offender</i>	0	Unsubstantiated
	1 (Food Contractor)	Substantiated
	0	Unfounded
Sexual Abuse Offender on Offender	2	Unsubstantiated
	0	Substantiated
	0	Unfounded
Sexual Harassment <i>Staff on Offender</i>	0	Unsubstantiated
	0	Substantiated
	3	Unfounded
Sexual Harassment <i>Offender on Offender</i>	1	Unsubstantiated
	0	Substantiated

	2	Unfounded
Total	9	
Referral from Criminal Investigations Staff on Offender	1	Still pending Ada County as of 7/15/19

#### PREA Hotline Calls Review Process:

The facility reported two PREA calls for #773 (which is DOC statewide PREA Hotline), only one was PREA related.

#### Informational Consolidation:

The auditor contacted the PREA compliance manager frequently throughout the two days to consolidate information and ensure that the interviews, documentation log reviews, and facility observations supported compliance determination for the required PREA standards. The work onsite and offsite at the hotel to discuss findings. When additional information was requested to established compliance, the management team was responsive and made every effort to deliver documentation or explanation. The facility staff was receptive to identified areas of concern during the facility site inspection along with noted concerns.

#### **Exit Briefing**

The audit team conducted an exit meeting on 7/18/2019 at which preliminary findings of the review were discussed with the facility and agency leadership team. The attendees, and additional state agency staff participated in the exit briefing. During the exit meeting, the auditor provided a verbal list of identified non-compliant items and described how these related to the standards and or provisions. For resolution of issues following the exit, the auditor indicated that outstanding issues should be provided with proof of compliance.

The following staff attended the exit conference. Please send a copy of the attendees list.

1. Henry Atencio, Warden
2. Darcy Acosta, Deputy Warden/Facility PREA Compliance Manager
3. Malcolm Beach, Chief of Security
4. Justine Edinger, Compliance
5. Ryan Knight, Training and Investigations
6. Jen Grout, Lead Case Manager
7. Elizabeth Videen, Lead Instructor
8. Marilyn Bauer, Warden's Assistant
9. Linda Davidson, HR Manager
10. Mike Sanchez, Finance Manager
11. Teressa Jones, IDOC PREA Coordinator

Facility officials were very open and receptive to an honest discussion of areas where PREA compliance needed to be strengthened.

### Post-Onsite Audit Phase

After the onsite phase of the audit, the auditor, warden and the facility PREA compliance manager agreed to communication by email and telephone during the post-audit phase, regarding any identified need for additional documentation, as well as clarification of questions that arose while collating data. The facility PREA compliance manager indicated they would provide the auditor with proof of practice on an ongoing basis, as related to the correction of identified deficiencies.

### Audit Section of the Compliance Tool:

The auditor uses the required Prison Rape Elimination Act (PREA) Audit Report Adult Prisons and Jails to enter collected information. Detailed information from the audit interviews was integrated into relevant sections of the standards. In order to ensure all standards were analyzed, the auditor proceeded standard by standard, determine compliance or non-compliance.

### Interim Audit Report:

None submitted

### Final Audit Report:

The final 2019 PREA Audit report was email to the MTC assistant PREA coordinator and the facility warden.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee 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.*

### Facility Demographics:

# of Full-Time Staff Reported First Day of Audit	<ul style="list-style-type: none"><li>• MTC Full Time = 85</li><li>• MTC Part-Time = 0</li><li>• Trinity Service Group Time = 5</li><li>• Corizon Health Inc. Time = 13</li></ul> Total: 105
Types of Supervision Practiced:	Custodial Supervision; Surveillance Equipment
Facility Inmate Designed Capacity	442

Actual Number of Inmate Housed on the first Day	420
Number of Youthful Inmates Housed	0
Custody/Security Level in the facility	Minimum Security/G1 – G2
Gender Composition	Males

### **Facility Description:**

The Management and Training Corporation (MTC) – Idaho Correctional Alternative Placement Program Facility (Idaho CAPP Facility) is located approximately 6 miles outside of Boise, Idaho at 15505 South Pleasant Valley Road Kuna, Idaho in the County of Ada. MTC is headquartered in Centerville, Utah and was selected by the Idaho Department of Corrections (IDOC) to design, construct, and operate the Idaho CAPP Facility. MTC currently owns the building and IDOC leases it and will eventually own it. IDOC provides one on-site contract monitor. At the time of activation on 6/1/2010, the Idaho Correctional Alternative Placement Program Facility began operations with a capacity of 442 beds.

The facility is situated on approximately 37 acres (3.5 acres inside the management fence). One 66,000 square foot building provides space for all programs, services, housing, and offices. Offender housing includes four, 108 bed dormitory type units and a segregation unit of 10 beds. Each housing unit has wash basins, toilets, and showers with shower curtains and privacy screens.

The security perimeter consists of a double fence with razor wire. Numerous cameras are provided to enhance the security operation. The building has sprinklers and smoke detectors for fire protection. The facility central control monitors and controls all traffic moving into and out of the facility. Programs spaces are provided and indoor/outdoor recreation areas are available adjacent to the housing areas. Food is prepared in a central kitchen and served in the housing unit day spaces. In the Segregation Unit, the food is served to each cell on trays.

Each housing unit has a recreation yard adjacent to the unit and offers basketball and exercise equipment.

Four outside buildings include the property/maintenance shed, pump house, well house, and mower shed used to store power equipment.

### **Facility Programs**

The Idaho CAPP Facility offers intensive treatment programs for substance abuse and cognitive issues for up to 442 low to moderate risk male inmates needing substance abuse treatment.

It houses three different groups of inmates:

- Probationers who are in violation
- Parolees who violates parole
- Retained Jurisdiction- who have been sentenced to a prison term by the court

The MTC Idaho CAPP Facility strives to be a leader in social impact by helping those they serve prepare to successfully re-enter society. Incarcerated men are provided with the following:

- Educational
  - General Education Development
  - TRIO Educational Services Workshops
- Vocational
  - Vocational Rehabilitation Workshops
- Life Skills Courses
  - Veteran Services Workshops
  - Department of Labor Workshops
- Behavioral Intervention
  - Substance Abuse
  - Thinking for a Change
  - Pre-Release
  - Aggression Replacement Training

**Management & Training Corporation (MTC) Mission:**

“Be a leader in social impact by:

- Preparing youth for employment and citizenship;
- Preparing offenders to successfully transition into communities;
- Providing quality health care and promoting healthy lifestyles;
- Providing greater opportunity for citizens globally through economic and social development; and
- Investing in communities.

**Idaho Correctional Alternative Placement Program Facility Mission:**

Idaho CAPP is committed to be a leader in the areas of Education, Job Training, and Corrections. We will be a leader by:

- Implementing our plans to achieve high performance standards and goals;
- Maintaining a foundation based on integrity, accountability, and excellence;
- Providing long-term growth and stability while ensuring fiscal responsibility;
- Empowering employees to implement innovative ideas for continuous improvement;
- Building esteem and pride by embracing diversity and celebrating accomplishments.

**Idaho Department of Correction Mission:**

“Protect the public, our staff, and those within our custody and supervision through safety, accountability, partnerships and providing opportunities for offender change”.



## Additional Documentation:

Idaho Correctional Alternative Placement Program Facility has achieved nationally – recognized corrections, education, and safety accreditations:

1. ACA Re-Accreditation of Corrections Awards October 15-17, 2018
2. NCCHC Accreditation

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

**Auditor Note:** No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

**Number of Standards Exceeded:** 0

**Number of Standards Met:** 45

### Prevention and Planning:

115.11- Zero Tolerance of Sexual Abuse and Sexual Harassment: PREA Coordinator  
115.12 – Contracting with Other Entities for the Confinement of Inmates  
115.13 – Supervision and Monitoring  
115.14 – Youthful Inmates  
115.15 – Limits to Cross-Gender Viewing and Searches  
115.16 – Inmates with Disabilities and Inmate who are Limited English Proficient  
115.17 – Hiring and Promotion Decisions  
115.18 – Upgrades to Facilities and Technology

### Responsive Planning:

115.21 – Evidence Protocol and Forensic Medical Examinations  
115.22 – Policies to Ensure Referrals of Allegations for Investigations

### Training and Education:

115.31 – Employees Training  
115.32 – Volunteer and Contractor Training  
115.33 – Inmate Education  
115.34 – Specialized Training: Investigations  
115.35 – Specialized Training: Medical and Mental Health Care

### Screening and Risk of Sexual Victimization and Abusiveness:

- 115.41 – Screening for Risk of Victimization and Abusiveness
- 115.42 – Use of Screening Information
- 115.43 – Protective Custody

### Reporting:

- 115.51 – Inmate Reporting
- 115.52 – Exhaustion of Administrative Remedies
- 115.53 – Inmate Access to Outside Confidential Support Services
- 115.54 – Third-Party Reporting

### Official Response Following and Inmate Report:

- 115.61 – Staff and Agency Reporting Duties
- 115.62 – Agency Protection Duties
- 115.63 – Reporting to Other Confinement Facilities
- 115.64 – Staff First Responder Duties
- 115.65 – Coordinator Response
- 115.66 – Preservation of Ability to Protect Inmates from Contact with Abusers
- 115.67 – Agency Protection Against Retaliation
- 115.68 – Post Allegation Protective Custody

### Investigation:

- 115.71 – Criminal and Administrative Agency Investigations
- 115.72 – Evidentiary Standard for Administrative Investigations
- 115.73 – Reporting to Inmates

### Discipline:

- 115.76 – Disciplinary Sanctions for Staff
- 115.77 – Corrective Action for Contractors and Volunteers
- 115.78 – Disciplinary Sanctions for Inmates

### Medical and Mental Care:

- 115.81 – Medical and Mental Health Screenings: History of Sexual Abuse
- 115.82 – Access to Emergency Medical and Mental Health Services
- 115.83 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

### Data Collection and Review:

- 115.86 – Sexual Abuse Incident Reviews
- 115.87 – Data Collection
- 115.88 – Data Review for Corrective Action
- 115.89 – Data Storage, Publication, and Destruction

### Audits and Correction Action:

- 115.401 – Frequency and Scope of Audits
- 115.403 – Audit Contents and Finding

**Number of Standards Not Met:** 0

### **Summary of Corrective Action (if any)**

#### **Standard 115.53:**

**Concern:** Twenty- six inmates were interviewed, 12 inmates responded to the question “Do you know if there are services available outside of this facility for dealing with sexual abuse if you needed it? Twelve inmates stated no.

- **Facility Response:** In order to help make sure inmates know how to report incidents and where they might be able to access services in the community the following information has been added to the paperwork that all inmates receive on the first day at the facility.
  - Question: How can I report sexual abuse or harassment?
    - Reporting to the facility: Speak to any staff person, call the PREA Hotline, send a concern form, file and emergency grievance, or send a confidential concern form. Anonymous third-party reporting can be done by contracting inmate lawyer (calls not recorded) or writing one of these two agencies for advocacy services.

Idaho Sheriffs’ Association  
3100 Vista Ave, Suite 203  
Boise, ID 83705

Terry Riley  
408 North Allumbaugh Street  
Boise, ID 83705

- **This provision is compliant.**

Corrective actions, specific detail about deficiencies or concerns regarding findings may appear in the standard-by-standard discussions in the main body of the report. If the facility does not correct the stated concerns within 45 days, the auditor will release an interim report that will start the corrective action process. If the facility completes stated concerns within the 45 days and the auditor agrees then the final report will be released.

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒Yes ☐No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒Yes ☐No

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒Yes ☐No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒Yes ☐No
- 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 ☐No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒Yes ☐No ☐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.) ☒Yes ☐No ☐NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documents, Interviews and Observations:

1. Idaho Department of Correction SOP #325.01.01.001 *Prison Rape Elimination*
2. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
3. Idaho CAPP Memo: CAPP PREA Compliance Manager
4. MTC Memo – Bernie Warner, Sr. VP, Corrections (Designating Agency PREA Coordinator)
5. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (A-1, A2, A3 &D, A4, A5, B1, B2, C1, C2) –August 1, 2017
6. MTC PREA Coordinator Designating MEMO
7. MTC Website –Mark Lee, MTC Agency PREA Coordinator
8. MTC Website – Mike Atchison, MTC Agency Assistant PREA Coordinator
9. MTC Organization Chart
10. Pre-Audit Questionnaire/Adult Prisons & Jails
11. Interviews:
  - A. Agency PREA coordinator
  - B. Warden
  - C. Facility PREA compliance manager

- A.** Management & Training Corporation (MTC) published the agency policy serial # 903E.02, *Ensuring Safe Prisons*. The policy mandates a zero tolerance toward all forms of sexual abuse and sexual harassment. The policy outlines procedures and expectations related to MTC's approach to preventing, detecting and responding to sexual abuse and sexual harassment. It is developed in compliance with the PREA standards for adult prisons and jails and includes definitions of prohibited behaviors regarding sexual assault and sexual harassment for staff and inmates.

The policy also included sanctions for staff and inmates found to have participated in prohibited behaviors. Staff members who are found to have perpetrated sexual abuse or sexual harassment are disciplined in accordance to Employee Discipline policy and Facility Rule of Conduct and are subject to employment termination. Employees are also subject to criminal prosecution.

Inmate who are found to have perpetrated sexual abuse or sexual harassment are disciplined in accordance with sanctions outlined in the facility's inmate handbook.

The policy includes a description of the agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. MTC develops and promotes a BIONIC culture in each of its facilities. BIONIC is an acronym for “Believe It or Not I Care” and it is a representative of the agency overall strategy.

- B. The agency employs/designates 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 facilities. The agency provided additional documentation confirming the agency PREA coordinator and authority. The agency organizational structure was provided showing the position of the agency PREA coordinator.
- C. The facility designated a PREA compliance manager with sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards. The facility provided documentation confirming the facility PREA compliance manager’s appointment. The PREA compliance manager position is located on the facility organizational chart showing who the position reports to.

#### **Interview Results:**

- The agency PREA coordinator indicated yes, that he has enough time to manage all of the PREA related responsibilities. The agency PREA coordinator also indicated that he has an assistant PREA coordinator and together they have been able to manage the flow of the demands of this position.
- The agency PREA coordinator indicated that PREA compliance managers are designated at each of the 25 correctional facilities that they operate. The agency coordinator and the assistant agency PREA coordinator interact with the facility PREA compliance managers through email, telephonically, video conference, webinars, and in-person audits.
- The agency PREA coordinator indicated that when issues are identified and corrective actions will be as follow:
  - Internal and external audits (peer reviews)
  - Collaboration (virtual and in-person forums for sharing of best practices – webinars, video training, email, conferences)
  - Considerations (resources, approval processes – customer agency, facility owner, etc.)
  - Clarification (Interpretive guidance, PREA resource center, remedy period).
  - Policy and Procedure, Physical plant and technical systems, staffing, and training.

- The warden and documentation confirmed the appointment of the facility compliance manager.
- Interview with the facility PREA compliance manager indicated that she was knowledgeable of the PREA processes and systems. She also indicated that she has time to fulfill all PREA related duties.

## Standard 115.12: Contracting with other entities for the confinement of inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to 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 inmates.) ☐ Yes ☐ No ☒ NA

#### 115.12 (b)

- 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 inmates OR the response to 115.12(a)-1 is "NO".) ☐ Yes ☐ No ☒ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documents, Interviews and Observations:

1. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*

2. Idaho Capp Memo: Youthful Offenders (1-2-19)
3. MEMO: All PREA Compliance Managers/Contracting Information
4. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* – August 1, 2017
5. Memo from MTC Agency PREA Coordinator (2/14/2014)
6. Pre-Audit Questionnaire/Adult Prisons & Jails
7. Interviews:
  - a. Warden
  - b. Facility PREA compliance manager

- A.** MTC is a private corporation that has entered into or renewed contracts with federal, state, county, etc. prisons for the confinement of inmates and has adopted and complies with PREA standards. However, Idaho Correctional Alternative Placement Program Facility does not have authority to contract with other entities for the confinement of inmates.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of contracts for the confinement of inmates that the facility entered into or renewed since the last PREA audit was 0.
- The number of contracts that did not require contractors to adopt and comply with PREA standards was 0.

- B.** All agency contracts required the monitoring of compliance with PREA Standards.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of contracts referenced that do not require the agency to monitor contractor's compliance with PREA standard was 0.

**Interview Results:**

- Interview with warden and facility PREA compliance manager indicated that the facility does not contract with other agencies to confine inmates.

## Standard 115.13: Supervision and monitoring

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.13 (a)

- 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 inmates against sexual abuse? ☒ Yes ☐ No



- 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 inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) ☒ Yes ☐ No ☐ NA

### 115.13 (c)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

### 115.13 (d)

- Has the facility/agency 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? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency 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? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documents, Interviews, and Observations

1. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*

2. Idaho CAPP Memo: Compliance with Staffing Plan
3. Idaho CAPP Memo: CAPP facility has complied with the approved staffing plan.
4. Idaho CAPP Email: RE: PREA: Staffing Plan and Video Monitoring
5. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (A1, B1, C1, D1-4) –August 1, 2017
6. Pre-Audit Questionnaire/Adult Prisons & Jails
7. Unannounced Rounds
8. PREA Staffing Plan Deviation
9. Interviews:
  - a. Agency PREA coordinator
  - b. Warden
  - c. Facility PREA compliance manager
  - d. Announced rounds conducted by higher-level staff
  - e. Announced rounds conducted by intermediate level staff
  - f. Non-medical staff cross gender strip or visual searches

- A.** The agency policy requires Idaho Correctional Alternative Placement Program Facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate level of staffing, and where applicable, video monitoring to protect inmates against abuse.

According to interviews with management staff and documentation, when the facility calculates adequate staffing levels and determining the need for video monitoring, they consider the following as stated in the standards:

- Generally accepted detention and correctional practices;
- Judicial findings of inadequacy;
- Findings of inadequacy from Federal investigative agencies;
- Findings of inadequacy from internal or external oversight bodies;
- All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated);
- The composition of the inmate population;
- The number and placement of supervisory staff;
- Institution programs occurring on a particular shift;
- Applicable State or local laws, regulations, or standards;
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- Other relevant factors.

Since the last PREA audit the average daily number of inmates was 425, and the average daily number of inmates which the staffing plan was predicated was 425.

- B.** According to staff interviews and documentation, each time the staffing plan is not complied with, the facility documents and justifies deviations from the staffing plan. However, there were

not deviations from the staffing plan. If there were deviations for the staffing plan, the facility states that it would document and list the reasons for deviating.

- C. Facility management interviewed indicated at least once every year the facility, in collaboration with the agency PREA coordinator reviews the staffing plan to see whether adjustments are needed in:
- The staffing plan,
  - The deployment of monitoring technology,
  - The allocation of agency/facility resources to commit to ensure compliance with the staffing plan.
- D. Staff interviews and documentation indicated that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Facility provided documentation of unannounced rounds which the rounds cover all shifts to include night and different timeframes. The policy prohibits staff from alerting other staff when unannounced rounds are conducted.

### **Interview Results**

- Agency PREA coordinator interview indicated yes that he is consulted regarding any assessment of, or adjustment to, the staffing plan for the facility. This process occurs at least once per year, and more often as needed.
- Interview with the facility PREA compliance manager indicated that she is not consulted regarding any assessment of or adjustments to, the staffing plan because it is dictated by the state contract.
- Interviews with a facility high-level staff that conduct and document unannounced rounds indicated that they are conducting and documenting unannounced rounds. Submitted documentation supported staff comments. Interviewed staff also indicated that policy prohibits staff from alerting other staff and they monitor the radio communication.
- Interview with the warden indicated that the facility has staffing plan shift rosters. When assessing adequate staffing levels and the need for video monitoring they consider all of the components listed in the standard.

## Standard 115.14: Youthful inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

#### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

## Documents, Interviews and Observations:

1. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
2. Idaho CAPP Memo: Youth Offenders (1-2-19) – CAPP facility does not house youthful offenders
3. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* –August 1, 2017
4. MTC Juvenile Inmates Report (MTC System)
5. Pre-Audit Questionnaire/Adult Prisons & Jails
6. Statement of Non-Applicability (3/29/2018)
7. Interviews:
  - a. Warden
  - b. Facility PREA compliance manager
  - c. No youthful inmates
  - d. Random staff (Officers)

- A.** A review of documentation and staff interviews indicated that the ICAPP does not house youthful inmates. However, interviewed staff indicated that if the facility received a youthful inmate, they would not place the youth in a housing unit in which the youth would have sight, sound, or physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters. They would not place a youthful inmate in the same housing unit as the adult inmates.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the past 12 months, the number of housing units to which youthful inmates were assigned was 0, and in the past 12 months the number of youthful inmates placed in the same housing unit as adults at this facility was 0.
- B.** Interview staff also indicated that if the facility received a youthful inmate, the facility can maintain sight, sound, and physical separation between youthful inmates and adult inmates in areas outside the housing unit; and will provided direct staff supervision to the youthful inmates.
- C.** The youthful inmates, according to staff interviews, will not be placed in isolation to comply with PREA and will not deny them daily large-muscle exercise and any legally required special education services to comply.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the past 12 months, the number of youthful inmates who have been placed in isolation in order to separate them from adult inmates was 0.

## Interview Results

- Interviews with the facility management team and, a review of facility demographics/documentation reveal that Idaho Correctional Alternative Placement Program Facility does not admit youthful inmates.
- Interviews with the facility PREA compliance manager and randomly selected staff indicated youthful inmates are not housed in this facility. Interviewed randomly selected staff stated youthful inmates are not housed at this facility and during the audit period and no youthful inmates were observed.
- The following interviews were not conducted because the facility does not house youthful inmates. However, interviewed Education, Program, and line staff indicated that they have not worked with or supervised youthful inmates.

## Standard 115.15: Limits to cross-gender viewing and searches

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.15 (a)

- 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 ☐ No

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) ☐ Yes ☐ No ☒ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20,2017.) ☐ Yes ☐ No ☒ NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? ☐ Yes ☒ No

#### 115.15 (d)

- Does the facility implement a policy and practice that enables inmates 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 ☐ No

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, 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 ☐ No

#### 115.15 (f)

- 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 ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documents, Interviews and Observations:

1. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
2. Idaho CAPP Policy Number: 317-OM-01, *Cell/Living Unit and Inmate*
3. Idaho CAPP Memo: Idaho CAPP facility does not house female inmates (1-2-19)
4. Idaho CAPP Training Objectives Lesson plan/Power Point POST Academy
5. Idaho CAPP Memo: Offender Body Searches (6-19-2019)
6. Idaho CAPP Training Record – Offender Body Searches



7. MTC Human Resources: Standard Operating Procedure
8. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (A1, B1, C1-2, B2, D1, D2, C1, F1) –August 1, 2017
9. MTC Prison Rape Elimination Act Power Point
10. Pre-Audit Questionnaire/Adult Prisons & Jails
11. Interviews:
  - a. Warden
  - b. Facility PREA compliance manager
  - c. Random staff (Officers)
  - d. Random inmates

- A.** Interviewed staff and documentation indicated that the facility does not conduct cross-gender strip or visual body cavity searches of inmates.

In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of inmates were 0, and the number of cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff was 0.

- B.** Interviewed staff and documentation indicated that the facility houses male inmates. Policy prohibits staff from conducting cross-gender pat-down searches of female inmates absent of exigent circumstances. If the facility housed female inmates, they will not be restricted for regularly available programming or other out of cell opportunities in order to comply with PREA.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the past 12 months, the number of pat-down searches of female inmates that were conducted by male staff was 0; and the number of pat-down searches of female inmates conducted by male staff that did not involve exigent circumstances(s) was 0.
- C.** The agency has implemented policies and procedures that enable inmates to shower, perform bodily functions, change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstance or when viewing is incidental to routine cell checks. Observations of restrooms and shower during the tour confirmed inmates have privacy when using the restroom, showering and changing clothing. PREA friendly shower curtains are at the doorway of the bathrooms and the shower areas to provide a little privacy even in an open bay dormitory style pod or dorm. Inmates reported they are never naked in full view of staff.

Policy and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

- D. Policy was reviewed prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the facility housed transgender and intersex inmates, the agency directs staff not to search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, the facility determines during conversations with the inmate, 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.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the past 12 months the number of searches occurred was 0.
- E. Documentation review revealed that staff receives training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive way possible, consistent with security needs. The facility provided samples of documentation to confirm staff has received and reviewed search training consistent with policy. The PREA compliance manager confirmed there had been no cross-gender strip or visual body cavity searches conducted within the audited cycle.

#### **Interview Results:**

- Twelve staff, representing staff from all shifts, was interviewed. One hundred percent of staff interviewed indicated that conducting cross-gender pat searches to determine one's genital status was prohibited by policy. All but one of the interviewed staff stated that they remember being trained on conducting cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. The interviewed male staff noted they do not conduct pat down searches. Staff reported that, they have not experienced working with any transgender inmates.
- Twenty-six random inmates were interviewed. Twenty-one of the inmates reported that female staff announce their presence when entering the housing unit's all the time. The remaining five, reported that some staff are not consistent with the announcements. All inmates interviewed reported being able to dress, shower and toilet without being naked and in full view of male staff. Several inmates reported that partitions were put up to help with not being able to be viewed by male staff.
- One hundred percent of the staff reported that inmates can dress, shower, and toilet without being viewed by staff of the opposite gender and that female presence on housing units is announced. Staff announced, "female on floor/unit/dorm." No female inmates are housed at the facility.

## Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.16 (a)

- Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates 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 ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- 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 ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

#### 115.16 (b)

- 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 inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documents, Interviews and Observations:

1. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
2. Idaho CAPP – Inmate Education in Spanish
3. Idaho CAPP – TTD System (Picture)
4. Idaho – Phone Interpreting Services
5. Idaho Memo: Inmates with disabilities or are limited English proficient
6. Idaho – Inmate Education Video
7. Idaho – Inmate Education Video in Spanish
8. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (A1, A2, C1) –August 1, 2017
9. Pre-Audit Questionnaire/Adult Prisons & Jails
10. Language Line Services, Inc. Agreement with MTC

11. Interviews:

- a. Agency head
- b. Warden
- c. Facility PREA compliance manager
- d. Random staff (officers)
- e. Disabled inmate (None)
- f. Limited English inmate (None)

- A.** The agency has policies and procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility has taken appropriate steps to ensure that inmates with disabilities (including, for example, inmates 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 facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Also, the facility ensures that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The facility will use Education staff to assist with PREA education for inmates with disabilities.

MTC requires that any inmate who appears to have a condition that would limit the inmate's access to and participation in, any program or service offered by the facility, shall be handled as follows:

1. Inmates who are deaf, blind, or have other physical disabilities that significantly limit access to programs and services in the facility, may be transferred to an appropriate facility within 72 hours of admittance for assessment and classification consistent with safety and security.
  2. During assessment and classification, the inmate shall be provided with CN 101901, *Americans with Disabilities Act – Notice of Rights* and CN 101902, *Request for Reasonable Accommodations* by health services staff or a qualified sign language interpreter for the deaf or hard of hearing inmates who know sign language.
- B.** The facility has taken reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Staff interviews and documentation indicated that onsite interpreters are provided for Spanish speaking inmates. Outside interpreting services are available to the inmate population as dictated by policy.

- C. The facility does not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties or the investigation of the inmate's allegations. Interviewed staff indicated that they will document the limited circumstances in individual cases where inmate interpreters, readers, or other types of inmate assistants are used.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

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

#### **Interview Results:**

- The agency head indicated yes to establishing procedures to inmate with disabilities and inmates who are limited English proficient equal opportunity to participate in all activities.

The agency head indicated that the MTC takes appropriate steps to prevent, detect, and respond to sexual abuse and sexual harassment by:

- Contracting with interpreters (i.e. Language Line Services Inc.) or other professionals (including designated facility staff) hired to ensure effective communication with inmates who are limited English proficient.
- Developing written materials used for effective communication about PREA with inmates with disabilities or limited reading skills.
- Training staff on PREA compliant practices for inmates with disabilities.

For PREA related activities, MTC prohibits the use of inmate's interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmates' safety.

- Ten of the interviewed staff reported that resident interpreters were not allowed. Two staff were unaware, if the use of inmate interpreters was allowed. After further probing, several staff provided examples of the use of inmate interpreters; however, it should be noted that all staff were able report that the facility has an interpreter system that the facility uses.
- Two targeted physically disabled inmates reported feeling safe at the facility. All inmates reported that the disability did not hinder the inmate(s) from receiving information consistent with the random sample of inmates interviewed.

## Standard 115.17: Hiring and promotion decisions

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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 ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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 ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates 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 ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates 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 ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

#### 115.17 (b)

- 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 inmates? ☒ Yes ☐ No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with inmates, 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 ☐ No

**115.17 (d)**

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

**115.17 (e)**

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

**115.17 (f)**

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates 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 ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

**115.17 (g)**

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

**115.17 (h)**

- 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 ☐ No ☐ NA

**Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)



## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documents, Interviews and Observations:

1. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
2. Idaho CAPP Policy: 205-HR-01 *Employee Conduct and Discipline*
3. Idaho Memo: Reference Checks (6-19-19)
4. Interview Questions for Records/Attendance Clerk
5. Idaho CAPP Memo: Idaho facility
6. Idaho CAPP Memo: Interviewer – Sergeant Questionnaire (3-6-18)
7. Idaho – MTC Background Results (Approved)
8. Idaho Policy Number: 211-HR-01.01 *Background Checks and Fingerprinting for Subcontractors and Volunteers*
9. Idaho – Background Results of contractor
10. Idaho 2016 Five Year Background Clearance
11. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (A1, C1, D, E) –August 1, 2017
12. Pre-Audit Questionnaire/Adult Prisons & Jails
13. MTC Policy 201.9 *Employment Records* (MTC Internal Site)
  - a. MTC Policy 201.3 *Background Checks* (C, F, E, H, A2.
    - i. Past Employment Verification and Reference Checks
    - ii. Driving Records
    - iii. Education Verification
    - iv. Licenses/Certifications
    - v. Criminal Records
    - vi. Civil Records
    - vii. Consumer Reports (Information obtained from a third party whose business is collection of such data)
    - viii. Fingerprinted
14. MTC Policy 203.11 *Fraternization*
15. MTC Policy 203.1 *Rules of Conduct* (April 1, 2016)
16. MTC Employee Handbook (page 17)
17. MTC Interview Questions
  - a. Three questions from the PREA Standards
18. MTC Applicant – Interview Evaluation
19. MTC Reference Verification Report - Correction
20. Interviews:
  - a. Warden
  - b. Facility PREA compliance manager
  - c. Human Resources manager

- A.** MTC requires the facility not to hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor who may have contact with inmates as listed in this standard to include the following provisions as stated in the PREA standards:
1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; to include persons who are mentally ill or disabled or retarded or chronically ill or handicapped, or institution providing skilled nursing or intermediate or long-term care or custodial or immaterial care.
  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 subsection 2.
- B.** Policy requires that before hiring new employees who may have contact with inmates, the agency performs a criminal background check; and consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of inmates or detainee sexual abuse or harassment or any resignation pending an investigation of such allegations.

The facility uses the DOC Background Investigation Checks that included the following.

MTC also has a background Investigation Checks system that includes the following:

- a. MTC Policy 201.3 *Background Checks*
  - i. Past Employment Verification and Reference Checks
  - ii. Driving Records
  - iii. Education Verification
  - iv. Licenses/Certifications
  - v. Criminal Records
  - vi. Civil Records
  - vii. Consumer Reports (Information obtained from a third party whose business is collection of such data)
  - viii. Fingerprinted

In the past 12 months, the number of persons hired who may have contact with inmates who have had criminal background record checks was 118.

- C. Policies and staff interviewed stated that the facility requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the past 12 months, the number of contracts for service where criminal background record checks were conducted on all staff covered in the contract that might have contact with inmates was 18.
- D. MTC requires ICAPP to conduct criminal background records checks every five years on current employees and contractors who have contact with inmates according to staff interviews.
- E. The facility staff asked applicants and employees who may have contact with inmates directly about previous misconduct; they use a form to document. The facility also imposes upon employees a continuing affirmative duty to disclose any misconduct related to PREA.
- F. MTC policy prohibits staff from material omissions and the provision of materially false information. This may result in grounds for termination. MTC has an Offender Data System (ODS) that tracks and generates automated emails.

MTC Offender Data System (ODS) Generated Automated Email: Email C – from ODS notifying the facility HR Manager that a determination has been made on a PREA investigation and the specific action which is required.

- a. Follow standards and policy related to disciplinary sanctions for staff as detailed below (115.76).
  - b. Follow standards and policy related to hiring and promotion decisions as detailed below (115.17).
  - c. Inform the inmate and document the notification, consistent with standards 115.73, unless the allegation, following an investigation, was unfounded. (This can be performed by the PREA compliance manager depending on facility direction).
- G. Interviewed HR staff confirmed that the facility will provide information on employment, such as hired and released dates and other basic information; however, they are prohibited from giving detailed information on employee substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer who may request this information.

## Standard 115.18: Upgrades to facilities and technologies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.18 (a)

- 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 inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) ☐  
Yes ☐ No ☒ NA

#### 115.18 (b)

- 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 inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documents, Interviews and Observations:

1. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
2. Idaho CAPP Memo: Upgrade to facility and Technology – facility has not completed any remodeling or modification
3. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons – August 1, 2017*
4. Pre-Audit Questionnaire/Adult Prisons & Jails
5. Interviews:
  - a. Agency head

- b. Warden
- c. Facility PREA compliance manager

- A. Policy requires that when designing or acquiring any new facility and in planning a substantial expansion or modification of existing facilities, the agency considers the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. Interviews with the PREA compliance manager and warden indicated that there was no major expansion during the past three years. If there was a major expansion, the warden and the facility PREA compliance manager would be involved in any planning.
- B. The facility management team indicated when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the plan will consider how the technology may enhance the facility's ability to protect inmates from sexual abuse.

#### **Interview Results:**

- According to the agency head, when designing, acquiring, or planning substantial modifications to facilities, the senior vice president stated that stakeholders, including the MTC PREA coordinator and assistant coordinator, review the facility plans to determine appropriate staffing and camera coverage during the design or renovation phase of the facility. This process anticipates blind spots and mitigates risk through efficient design.
- According to the agency head, MTC uses video monitoring to assist staff in observing inmate activity in areas particularly vulnerable to misbehavior or violence. Priority of camera placement is primarily influenced by areas of increased risk and any prevalence of substantiated and unsubstantiated incident of sexual abuse.
- Interviews with the warden indicated that a several cameras were installed at the Idaho Correctional Alternative Placement Program Facility.

## **RESPONSIVE PLANNING**

### **Standard 115.21: Evidence protocol and forensic medical examinations**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.21 (a)**

- 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 ☐ No ☐ NA

**115.21 (b)**

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

**115.21 (c)**

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- 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 ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

**115.21 (d)**

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- 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 ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

**115.21 (e)**

- 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 ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

#### 115.21 (f)

- 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/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- 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? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☐ Yes ☐ No ☒ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documents, Interviews and Observations:

1. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
2. Idaho CAPP Agreement with Sane Solutions/Terry Reilly Mental Health Services (3-6-19)
3. *A National Protocol for Sexual Assault Medical Forensic Examinations (US Department of Justice April 2013)*
4. Idaho CAPP Memo: No Forensic Examinations
5. Idaho Policy Number 510-FM-09 – *Protection of a Crime Scene*
6. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (A3, C1 -5, D1,3; E1, F1) –August 1, 2017
7. Pre-Audit Questionnaire/Adult Prisons & Jails

8. MTC Offender Data System (ODS)
  - a. Investigations
  - b. Note: The questions correspond with the Survey of Sexual Victimization conducted by the BJA/ Department of Justice.
9. MTC PREA Annual Report
  - a. MTC Report of 2017 PREA Allegations and Investigation Results
  - b. MTC Report of 2016 PREA Allegations and Investigation Results
  - c. MTC Report of 2015 PREA Allegations and Investigation Results
  - d. MTC Report of 2014 PREA Allegations and Investigation Results
10. Interviews:
  - a. Facility PREA compliance manager
  - b. Medical staff
  - c. Mental health staff
  - d. Facility investigator
  - e. Random staff (officers)
  - f. Inmate who reported sexual abuse

- A.** Policy requires the agency/facility to initiate and/or conduct administrative and criminal sexual abuse investigations to include inmate-on-inmate sexual abuse or staff sexual misconduct. The facility has designated a facility investigator. The PREA Investigation Unit and the OIG can investigate administrative and criminal sexual abuse based on the nature of the case. Interview with the facility investigator indicated that policy gives them guidelines to follow a uniform evidence protocol.
- B.** The facility utilizes the internal and external offices to conduct investigations regarding all felony related crimes to include alleged sexual violence that occurred at the facility. Both the facility and the external office follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

The protocol is appropriate, and is 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. The facility does not house youth/adolescents.

- C.** The facility offers all victims of sexual abuse access to forensic medical examinations at an outside facility, the local hospital, without financial cost. The local hospital provides a Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If one is not available, the examination is performed by a qualified medical staff. The facility provides emails for efforts to provide SANE or SAFE staff.



A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of forensic medical exams conducted during the past 12 months was 0.
- The number of exams performed by SANEs or SAFEs during the past 12 months was 0.
- The number of exams performed by a qualified medical practitioner during the past 12 months was 0.

The facility makes available to the victim a victim advocate. If not available to provide victim advocate services, the facility makes available (to provide services) a qualified staff member from a community-based organization or a qualified facility staff member. The facility provided documentation that showed efforts to secure services from the St. Alphonsus or St. Luke's medical center.

The victim advocate is a qualified facility staff member, or qualified community-based organization staff that accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed.

- D. When a PREA allegation is investigated by an outside agency, the facility requests that the investigator follow the PREA requirements. The preponderance of evidence is defined as proof by evidence that, compared with evidence opposing it, leads to the conclusions that the fact at issue is more probably true than not. Policy also states that as a result of the preponderance of the evidence, the investigator may determine whether the allegation is substantiated.
- E. The facility defines a qualified facility staff member or a qualified community-based staff member as an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination.

#### **Interview Results:**

- One hundred percent of the interviewed security staff was knowledgeable of at least two staff members responsible for internal investigations. Most of the staff could clearly articulate the state investigators or PREA compliance manager.
- All staff interviewed were able to describe the process and steps required to protect physical evidence; which included securing the area, putting on gloves, protecting the physical evidence, placing physical evidence in a brown bag, place any evidence in the evidence box; requesting the victim to not shower or brush teeth, and immediately seeking medical attention. Note: All staff was provided a card during training "PREA FIRST

Responder Duties” that outlined the steps that should be taken by staff as a first responder. One hundred percent of the interviewed staff could articulate immediate notification to the supervisor, as the first process to protect any usable evidence.

- Interview with the PREA compliance manager and documentation indicated that there have been no requests or a need for a victim representative to be used at the Idaho Correctional Alternative Placement Program Facility as of audit date.
- Interview and documentation indicated that if there is no SAFE or SANE available in the community; the Idaho Correctional Alternative Placement Program Facility sends all sexual abuse victims to the local hospital for an examination by a licensed physician immediately if needed.
- Interviewed staff, including the facility investigator, was familiar with the evidence protocol and roles they would play as first responders. Medical staff related their role in the sexual assault would be to provide any first aid that might be needed because of ensuring immediate medical attention. The staff stated they would “make sure the inmate victim was stable, and preserve the evidence.”
- Interview with the investigator indicated when outside agencies are responsible for investigating allegations of sexual abuse, the facility requests that the investigating agency follows the requirements of PREA. This includes the standard provision (g) 1 and 2. The policy requires the warden to request that outside investigative authorities conduct the investigation per PREA investigation standards.
- For victims of sexual assault, interviewed staff indicated that the facility would offer all victims access to forensic medical examinations without financial cost. Staff indicated that SANE/SAFE are provided by the local hospital.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.22 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

#### **115.22 (b)**

- Does the agency have a policy and practice 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 ☐ No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

#### 115.22 (c)

- 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 115.21(a).] ☒ Yes ☐ No ☐ NA

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documents, Interviews and Observations:

1. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
2. Idaho CAPP SART- Administrative Review Final
3. Idaho CAPP Memo: Protective Custody
4. MTC PREA Allegations & Investigations Results
5. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (A3, C1 -5, D1,3; E1, F1) –August 1, 2017
6. Pre-Audit Questionnaire/Adult Prisons & Jails
7. MTC Offender Data System (ODS)
  - a. Investigations

- b. Note: The questions correspond with the Survey of Sexual Victimization conducted by the BJA/ Department of Justice.

8. Interviews:

- a. Agency head
- b. Warden
- c. Facility PREA compliance manager
- d. Facility investigator

- A.** According to interviews with the warden, facility PREA compliance manager, and the facility investigator, the facility ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment reported on inmate-on-inmate or staff-on-inmate misconduct.

The initial investigation begins immediately by the facility. The facility uses a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. MTC requires to be notified immediately and assumes control of the investigation when appropriate.

Investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence (with attached copies of all documentary evidence).

An additional interview with facility investigator confirmed the process for receiving an allegation and for conducting the investigation if an allegation of sexual abuse was reported. Interviewed staff stated they had been trained to report everything for investigations, including reporting, knowledge, allegations, and suspicion of sexual abuse or sexual harassment. Staff affirmed they are trained to accept reports from all sources, including third parties and anonymous reports.

- B.** The ICAPP has in place a policy 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. Per policy substantiated allegations of conduct that appear to be criminal are referred for prosecution. Investigations staff imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.
- C.** If a separate entity is responsible for conducting criminal investigations; the publication describes the responsibilities of both the agency and the investigating entity. MTC publishes the policy on its website.

## Interview Results:

- According to the agency head, it was indicated that MTC investigates where the facility has jurisdictional authority and refers cases when they don't have jurisdictional authority. Where the facility doesn't have jurisdictional authority, MTC works with and encourages administrative or criminal investigations be completed for all allegations of sexual abuse or harassment.
- According to the agency head, it was indicated that the initial investigations will begin immediately by correctional staff identified and trained as primary investigators, to ensure preservation of physical and/or circumstantial evidence. In accordance with contract requirements, the investigative authority, such as respective Offices of Inspector General (OIG), Criminal Investigations Divisions (CID), Office of Internal Affairs (OIA), local law enforcement, and/or FBI will be notified immediately and will assume control of the investigation when appropriate.
- As previously stated, 100% of the staff are aware that referrals are investigated and who is responsible for conducting the internal and external investigations.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

#### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employee understand the training they have received? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Documents, Interviews and Observations:**

1. Idaho CAPP Policy Number: 325-OM-01, Ensuring Safe Prisons – *Prison Rape Elimination*
2. Idaho Training Rosters
3. Idaho Training Power Point/Curriculum
4. Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1, B1, B2, D1)–August 1, 2017
5. MTC Policy 901D.02 (A1, D1) *Training Requirements – (October 1, 2017)*
6. Pre-Audit Questionnaire/Adult Prisons & Jails
7. Interviews:
  - a. Warden
  - b. Agency assistant PREA coordinator
  - c. Facility PREA compliance manager
  - d. Random staff (officers)

- A.** The facility has trained staff, that has contact with inmates, on the requirements stated in this standard. According to staff interviews, sexual abuse and sexual harassment training is provided in orientation training, in-service and other additional training and includes all requirements. The facility provided copies of the training sessions and rosters.
- B.** Training is tailored to the gender of the inmates at the employee's facility. Review of documentation revealed that staff receives additional training if the staff is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa. The staff will receive this training through additional pre-service training. This facility housed only male inmates.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of staff employed by the facility, which may have contact with inmates, who were trained or retrained on the PREA requirements, was 133.
- C.** Current employees have received training, and the facility has provided each employee with refresher training to ensure that all employees know the facility's current sexual abuse and sexual harassment policies and procedures. The directive requires additional training for investigators, health practitioners, and mental health staff to receive additional training specific to their areas of responsibility.
- D.** The facility documents, through employee signature and electronic verification, staff understanding of the training they have received. The ICAPP documents staff training using the

Training Acknowledgement Form and a training roster, which requires the staff and instructor signature, date and job title.

### **Interview Results:**

- Twelve security staff representing the facilities day and night shift, could articulate most of the topics covered in the PREA training. One hundred percent of the security staff reported being knowledgeable of the topics they had been trained in. The staff could describe the training on zero tolerance, resident and staff rights, dynamics of sexual abuse and sexual harassment, prevention and response protocol as well as supportive services available to inmates. The staff was able to describe specific details on what they learned on communicating effectively with LGBTI residents and identifying signs of victimization. Staff reported that they received PREA related training when initially hired and annual in-service.
- Interview with MTC assistant agency PREA coordinator; the following was stated. “During the weeks of August 27-31, and September 4-7, 2018, MTC provided a wide variety of training to staff at its facilities through the Zoom video platform, including the session described below. This platform is intended to be used to deliver more frequent and topical training to a wider audience. MTC anticipate delivering training on fresh topics semi-annually. This training is not intended to be substitute for facility delivered pre-service or in-services training as required by MTC or customer agencies.”
  - a. Trauma and Victim Responses (1 hour), by Viki Sharp and Mike Atchison
    - i. Understand the short- and long-term impact of trauma on victims.
    - ii. Identify how trauma can affect a victim’s cooperation in an investigation.
    - iii. Learn how an investigator can facilitate a victim’s willingness to cooperate with an investigation.
  - b. Adult Interviewing Techniques (2 hours, 15 minutes), by Mike Atchison
    - i. The objective for this module is to go over the best practice techniques for interviewing and interrogating people during investigations of sexual abuse in confinement settings. The majority of this presentation, which was developed by the PRC and The Moss Group, Inc., remains intact. However, there have been modification and enhancements to the original. The curriculum is designed specifically for an audience of correctional investigators, but it is beneficial to those who oversee investigations, first responders and



other. The presentation is only 1 of the 9 modules packaged relating to investigating sexual abuse in prisons.

## Standard 115.32: Volunteer and contractor training

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

#### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates 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 inmates)? ☒ Yes ☐ No

#### 115.32 ©

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documents, Interviews, and Observations

- Idaho Trinity Food Services /training
- Idaho CAPP Policy Number: 325-OM-01, Ensuring Safe Prisons – *Prison Rape Elimination*
- Idaho Volunteer Annual PREA Training
- Idaho Training Power Point/Curriculum

5. Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1, B1-2, C1)–August 1, 2017
  6. Pre-Audit Questionnaire/Adult Prisons & Jails
  7. MTC Policy 901D.02 *Training Requirements* (A1, B1-2, C1)
  8. Interviews:
    - a. Facility PREA compliance manager
    - b. Volunteer
    - c. Contractor
- A. The ICAPP trains all volunteers and contractors who have contact with inmates on their responsibilities under the facility’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures.
- B. Interviews and documentation indicated that the levels and types of training provided to volunteers and contractors are based on the services they provide and the contact they have with inmates. All volunteers and contractors are notified of the facility’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report alleged incidents.
- C. The facility maintains documentation confirming that volunteers and contractors understand the training they received. ICAPP documents volunteer and contractor training using the Training Acknowledgement Form and rosters, which requires the volunteers, contractors and instructor signature and date.

#### **Interview Results:**

- One contractor and one volunteer staff were interviewed. The interviewed staff reported they have been trained on their responsibilities regarding sexual abuse and sexual harassment prevention, intervention, detection, and response. All staff reported they received the initial training and receive refresher training annually. Staff when probed would be able to articulate that the training consisted of how to report and the steps and procedures for reporting. Staff indicated that they would report allegations of sexual abuse and sexual harassment immediately. Staff noted they would report any allegation to the PREA compliance manager or another supervisor and write a statement.

## **Standard 115.33: Inmate education**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.33 (a)**

- During intake, do inmates receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

**115.33 (b)**

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

**115.33 (c)**

- Have all inmates received such education? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

**115.33 (d)**

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

**115.33 (e)**

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

**115.33 (f)**

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documents, Interviews and Observations:

1. Idaho TTD System
2. Idaho Maintaining Dignity (Prison Rape and Sexual Activity Elimination) English Handout
3. Idaho Maintaining Dignity (Prison Rape and Sexual Activity Elimination) Spanish Handout
4. Idaho Orientation Training Checklist
5. Idaho Transport Order
6. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
7. PREA Posters Photo Intake
8. PREA Posters Photo Lobby
9. PREA Posters Photo Unit
10. PREA Education Video English
11. PREA Education Video Spanish
12. Management and Training Corporation (MTC) *Policy 903E.02 Ensuring Safe Prisons* (A1, C3, D1, E1, F1)–August 1, 2017
13. Pre-Audit Questionnaire/Adult Prisons & Jails
14. MTC Language Line Contact / Language Line Solutions – (D1)
  - a. Interpretation Attachment A1
15. Interviews:
  - a. Random inmates
  - b. Intake staff

- A.** Staff interviews and documentation reviewed indicated that during the intake process, inmates receive information explaining the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The facility included the following in the inmate education:

- Free from the threat of sexual misconduct for all inmates.
- A program of prevention, detection, response, investigation.
- All allegations of sexual misconduct and/or sexual harassment shall be administratively and/or criminally investigated.
- You have the right not to be sexually abused or harassed.
- Incidents or suspicions of sexual abuse, sexual harassment and retaliation can be reported to any staff member:
  - a. Verbally – Tell the case manager, chaplain, reporting to any staff member
  - b. In Writing – Grievance system and completing an inmate request
  - c. Ombudsman Office (Third Party Reporting)
  - d. Outside agency hot line

During intake, inmates are given the inmate handbook. During orientation, additional PREA related information is provided, and the PREA video is shown. The staff conducting intake/orientation gives inmates the opportunity to ask questions to clarify anything they do not understand. Inmate's acknowledgment statements were provided for receiving PREA information.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of inmates admitted during the past 12 months who were given PREA education information at intake was 924.

- B.** The facility provides comprehensive education to inmates in person and through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. This information is provided to the inmates within 30 days.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of inmates during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to incidents within 30 days of intake was 924.

- C.** All inmates at the ICAPP received and had been educated on PREA. Inmates that transfer to the facility also receive the required PREA Education.

Inmate interviews confirmed that the facility provides inmate education in formats accessible to all inmates, including limited English proficient, deaf, visually impaired, disabled, as well as

to inmates who have limited reading skills. Staff and inmate interviews reveal that the facility provides the PREA education in English and Spanish, to include inmate handbooks and posters. The video is used during orientation.

- D. The facility maintains documentation of inmate participation in the education sessions by using the *Inmate Orientation Checklist*. The checklist requires the inmate to sign and date and is witnessed by staff.

In addition to providing PREA education, the facility ensures that key information is continuously and readily available and visible to inmates through posters, inmate handbooks, and other written formats.

#### **Interview Results:**

- Twenty-six random inmates were interviewed. All inmates reported they received information upon intake and orientation regarding sexual abuse and sexual harassment. The information was provided to them during orientation, within the first week at the facility. Even inmates who had been housed at the facility for more than a year reported that received information on sexual abuse and sexual harassment within the last few years.

Upon probing, all inmates reported being aware of the third-party reporting system. The inmates reported that the third-party reporting information contact information was posted/painted on the walls in the housing area. The inmates are provided information regarding sexual abuse and harassment in the facility handbook.

- One intake staff was interviewed. The intake staff reported that immediately upon arrival at the facility, the inmates are provided a handbook. The handbook covers facility rules to include but not limited to PREA. The handbook provides information on internal and external ways to report. Medical will ask additional questions related to prior history of sexual abuse. Inmates are placed in an orientation unit for a week. During that time medical goes over more information related to PREA and they watch a PREA video. Inmates sign an *Inmate Orientation Checklist* form, acknowledging understanding and receipt of information.

The inmates are provided information regarding sexual abuse and harassment in the facility handbook, with the PREA hotline number and videos.

## Standard 115.34: Specialized training: Investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, 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 115.21(a).) ☒ Yes ☐ No ☐ NA

#### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

#### 115.34 (c)

- 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 115.21(a).] ☒ Yes ☐ No ☐ NA

#### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documents, Interviews and Observations:

1. Idaho Training Event Record – Basic Prison Rape Elimination Act Investigations Training (Moss Group)
  2. 2017 PREA Investigations Training – Build PREA Knowledge and Develop Your Investigation Skills (PREA Investigations Train-the-Trainer)
  3. Idaho Memo: Specialized Training: Investigations (1-2-19)
  4. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
  5. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (A1, C1)– August 1, 2017
  6. Pre-Audit Questionnaire/Adult Prisons & Jails
  7. NIC Training Certificates/PREA Investigating Sexual Abuse in Correctional Settings (C1)
  8. Interviews:
    - a. Warden
    - b. Facility PREA compliance manager
    - c. Facility investigator
- A.** In addition to the general PREA training provided to all employees, ICAPP ensures that its facility investigators have received training in conducting investigations in confinement settings. Interviews and documentation reveal that specialized training was completed.
- B.** The investigators completed the NIC Specialized training. Specialized training includes techniques for interviewing 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 and prosecution referral.
- C.** The facility maintains a list of investigators having completed the required specialized training in conducting sexual abuse investigations. The facility indicated that they provided the PREA requirements for serving as a PREA investigator.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of investigators currently employed who have completed the required training was 2.



## Interview Results:

- Interviews with the facility investigators indicated that all investigators received training specific to conducting sexual abuse investigations in confinement settings.
- Interviews with the facility investigators indicated that policy requires that all allegations of sexual abuse or sexual harassment be referred for investigation with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior.
- Interview with MTC assistant agency PREA coordinator; the following was stated. During the weeks of August 27-31, and September 4-7, 2018, MTC provided a wide variety of training to staff at its facilities through the Zoom video platform, including the session described below. This platform is intended to be used to deliver more frequent and topical training to a wider audience. MTC anticipate delivering training on fresh topics semi-annually. This training is not intended to be substitute for facility delivered pre-service or in-services training as required by MTC or customer agencies.
  - a. Trauma and Victim Responses (1 hour), by Viki Sharp and Mike Atchison
    - i. Understand the short- and long-term impact of trauma on victims.
    - ii. Identify how trauma can affect a victim's cooperation in an investigation.
    - iii. Learn how an investigator can facilitate a victim's willingness to cooperate with an investigation.
  - b. Adult Interviewing Techniques (2 hours, 15 minutes), by Mike Atchison
    - i. The objective for this module is to go over the best practice techniques for interviewing and interrogating people during investigations of sexual abuse in confinement settings. The majority of this presentation, which was developed by the PRC and The Moss Group, Inc., remains intact. However, there have been modification and enhancements to the original. The curriculum is designed specifically for an audience of correctional investigators, but it is beneficial to those who oversee investigations, first responders and other. The presentation is only 1 of the 9 modules packaged relating to investigating sexual abuse in prisons.

## Standard 115.35: Specialized training: Medical and mental health care

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.35 (a)

- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- 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 victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No

#### 115.35 (b)

- 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 does not conduct forensic exams.) ☐ Yes ☐ No ☒ NA

#### 115.35 (c)

- 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? ☒ Yes ☐ No

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documents, Interviews and Observations:

1. SANE/SAFE Staff Local Hospital (St. Luke's Hospital)
  2. Corizon Attestation of Completion
  3. Idaho Training Record – IDOC PREA Inservice
  4. Idaho Memo: Explanation of the process when receiving referral for the intake screening
  5. PREA Test – Corizon Training Employees Hired
  6. PREA Orientation Checklist - Training
  7. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (A1, C1) –August 1, 2017
  8. Pre-Audit Questionnaire/Adult Prisons & Jails
  9. Interviews:
    - a. Facility PREA compliance manager
    - b. Medical staff
    - c. Mental health staff
- A.** Interview with ICAPP medical/mental health staff indicated that all full- and part-time medical and mental health care practitioners who work regularly in the facilities had been trained around:
- How to detect and assess signs of sexual abuse and sexual harassment,
  - How to preserve physical evidence of sexual abuse,
  - How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
  - How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.
- B.** The medical staff at ICAPP does not conduct forensic examinations. The local hospital conducts all emergency care or treatment to include Sexual Assault Forensic Examinations. The local hospital examiners are qualified SAFE and SANE practitioners that comply with the *National Protocol for Sexual Assault Medical Forensic Examinations*.
- C.** The facility maintains documentation that medical/mental health practitioners have received the training referenced in this standard. Training rosters and staff meetings sign-in sheets were submitted to the auditor.

## Interview Results:

- One medical and one mental health staff were interviewed. Both staffs indicated that they do not conduct forensic examinations. The interviewed mental health staff reported that they receive PREA training from their contracted vendor. Additionally, the mental health staff serve as trainers, providing PREA related training to facility correctional officers.
- The interviewed mental health staff reported that their PREA related training is more in depth, covering treatment plans, follow up services, and counseling. They were also trained on why an inmate should not take a shower and the necessity to preserve evidence.
- The interviewed medical staff also serves as the site supervisor for mental health staff. She reported that she has not received specialized training regarding sexual abuse and sexual harassment. The onsite medical staff would not conduct any forensic exams and that the inmate would be taken to an offsite location for a forensic medical exam.
- Interviewed health care staff confirmed the specialized training received by medical.
- Interviewed health care staff confirmed that the facility does not conduct forensic examinations.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.41: Screening for risk of victimization and abusiveness

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

#### 115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility? ☒ Yes ☐ No

#### 115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender nonconforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

#### 115.41 (i)

- 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 inmate's detriment by staff or other inmates? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documents, Interviews and Observations:

1. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
  2. Idaho C-Note Summary
  3. PREA Re-Screen Evaluation
  4. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (A1, B1, C1, F1) –August 1, 2017
  5. Pre-Audit Questionnaire/Adult Prisons & Jails
  6. MTC Offender Data System
    - a. Current Housing Assignment
  7. MTC Screening for Risk of Victimization and Abusiveness (A, C)
    - a. At Risk of Victimization (D8, D9, D2, D3, D1, D7, D4, D6)
    - b. At Risk of Abusiveness (D6, D5, E)
    - c. Staff Signature and Date (B)
  8. MTC Automatic Email – Reassess the inmate's risk of victimization or abusiveness based upon information from the investigation (G)
  9. Interviews:
    - a. Agency PREA coordinator
    - b. Facility PREA compliance manager
    - c. Staff who perform screening for risk of victimization and abusiveness
    - d. Random inmates
- A. The facility assesses all inmates during intake screening to include inmates that transfer from other prisons for risk of being sexually abused.
- B. Interviews and documentation revealed that intake screenings are taking place within 72 hours of arrival at the ICAPP. Also, during intake screening, procedures require that staff review available documentation for any indication that an inmate has a history of sexually aggressive behavior. Housing assignments are made accordingly.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of inmates entering the facility within the past 12 months whose length of stay in the facility was for 72 hours or more; who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility was 924.
- C. The facility uses the agency Screening Form and the Screening for Risk of Victimization and Abusiveness as the objective screening instruments. Staff interviews for conducting Screening for Risk of Victimization and Abusiveness indicated that the facility uses the agency form and the PREA Intake Objective Screening Instrument to document this process. The PREA Intake Objective Screening Instrument has all of the required criteria. The results of the assessment are documented on the Intake Screening Form whether the inmate is vulnerable or sexually aggressive.
- D. Staff interviews and documentation review reveal that the Screening for Risk of Victimization and Abusiveness include the following:
- Whether the inmate has a mental, physical, or developmental disability;
  - The age of the inmate;
  - The physical build of the inmate;
  - Whether the inmate has previously been incarcerated;
  - Whether the inmate's criminal history is exclusively nonviolent;
  - Whether the inmate has prior convictions for sex offenses against an adult or child;
  - Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
  - Whether the inmate has previously experienced sexual victimization;
  - The inmate's own perception of vulnerability; and
  - Whether the inmate is detained solely for civil immigration purposes.
- E. Agency policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.
- Interviews and documentation reviewed indicated that the staff reassesses the inmate's risk level for sexual victimization or sexual abusiveness whenever warranted and within 30 days of arrival at the institution if the inmate is identified at risk for victimization or for being at risk for being sexually abusive.
- F. Inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to any questions as stated in section (d).



- G. The agency implements appropriate controls on the dissemination within the facility of responses to questions asked under this standard to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates as described above.

MTC Offender Data System (ODS) Generated Automated Email: Email B – from ODS notifying the facility PREA Manager that a determination has been made on a PREA investigation and the specific action which is required:

- a. Reassess the inmate's risk of victimization or abusiveness based upon information from the investigation. 114.41.
- b. For substantiated or unsubstantiated sexual abuse allegations, initiate a Sexual Abuse Incident Review within 30 days of determination. 115.86
- c. Inform the inmate and document the notification, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. 115.73

**Interview Results:**

- All inmates recalled being asked questions regarding prior history of sexual abuse, or whether they identified as being gay, lesbian, or bisexual. These questions were asked upon arrival or during the intake/orientation process. One inmate recalled being asked similar questions again since their arrival at the facility.
- The agency PREA coordinator indicated that each facility has developed local policy and/or subscribes to the customer agency policy related to the handling of sensitive information. Information goes into the inmate's unit file and is disseminated on a "need to know" basis. MTC policy (903E.02) restricts access consistent with state statute, professional licensure, and ethical standards. Information is secured while not in use.
- Staff interviews and during the review of PREA Screenings and reassessments, it was noted that all the PREA Screenings have been completed.
- Interviewed staff indicated that the initial risk screening assessment considers all the requirements listed in this standard.
- Interviewed staff indicated that the process for conducting the initial screening is a checklist and a written format using a point system.

## Standard 115.42: Use of screening information

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

#### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

#### 115.42 (e)

- Are each transgender or intersex inmate'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 ☐ No

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

**Documents, Interviews and Observations:**

1. Photo of PREA Beds Unit 1
2. Photo of PREA Beds Unit 2
3. Photo of PREA Beds Unit 3
4. Photo of PREA Beds Unit 4
5. PREA Bed Placement (Referral for Psychological Services; Placement Recommendation;
6. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
7. PREA Bed List as of 6-13/2019 (Potential Victims)
8. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (A1, B1, C1)–August 1, 2017
9. Pre-Audit Questionnaire/Adult Prisons & Jails
10. MTC Offender Data System
  - a. Current Housing Assignment
  - b. Separate Report
11. Interviews:
  - a. Agency PREA coordinator
  - b. Facility PREA compliance manager
  - c. Staff who perform screening for risk of victimization and abusiveness
  - d. Transgender and intersex inmates (None)
  - e. Gay or bisexual inmates (None)

- A. MTC Policy 903E.02, *Ensuring Safe Prisons* B.17, *Use of Screening Information*, (a), requires the ICAPP to use information from the risk screening required to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk for being sexually victimized from those at high risk of being sexually abusive. Individualized determinations about how to ensure the safety of each inmate will be made according to staff interviewed.
- B. ICAPP does not have transgender inmates during the audit period. If the facility were to receive a transgender inmate, in deciding whether to assign a transgender or intersex inmate to which male living unit and in making other programming assignments, the facility will consider on a case-by-case basis whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems.
- C. Staff interviews indicated that when making placement and programming assignments for each transgender or intersex inmate, the facility reassesses them at least twice each year to review any threats to safety experienced by the inmate.
- D. Staff interviews also indicated that transgender or intersex inmate's views concerning safety is given serious consideration.

- E. Transgender and intersex inmates are given the opportunity to shower separately from other inmates.
- F. Interview with the facility PREA compliance manager indicated that the facility would not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely based on identification status for protecting such inmates.

**Interview Results:**

- The agency PREA coordinator indicated that the process of assigning inmates to various facilities is performed by the customer agency classification process. However, when LGBTI inmates are assigned to an MTC facility, the initial inmate screening process is used simply to inform housing assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those that at high risk of being sexually abusive. It is MTC's policy that housing assignments for transgender or intersex inmates are made on a case by case basis.
- One targeted inmate interviewed identified as being gay or bisexual. Overall the targeted inmate reported feeling safe at the facility. The targeted inmate stated that there is not an isolated housing area for LGBTI inmates, and that any inmate can shower by themselves if requested. Generally, several inmates shower at the same time on any given day.
- Interview with the facility PREA compliance manager indicated that the facility would not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely based on identification status for protecting such inmates.
- Interviewed staff indicated that the facility is not subject to a consent decree, legal settlement, or legal judgment. Staff indicated that the facility ensures against placing lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely by their sexual orientation, genital status, or gender identity. They are housed in the general population unless requested by the inmate for special housing for safety issues.

## Standard 115.43: Protective Custody

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documents, Interviews and Observations:

1. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
  2. Idaho Memo: Protective Custody
  3. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (A1, E1)– August 1, 2017
  4. Pre-Audit Questionnaire/Adult Prisons & Jails
  5. MTC Automatic Email: Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.
  6. Interviews:
    - a. Facility PREA compliance manager
    - b. Staff who supervise inmates in segregated housing
    - c. Inmates placed in segregated housing (None)
- A.** Interviews and documentation review at ICAPP indicated that inmates at high risk for sexual victimization are prohibited from being placed in involuntary segregated housing unless an

assessment of all available alternatives has been made and a determination has been made that there are no available alternative means of separation from likely abusers. Interviews also revealed that if an assessment cannot be immediately completed, the facility will hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

- B.** Staff interviews indicated that if an inmate is placed in segregated housing, they will be provided with access to programs, privileges, education, and work opportunities.

If ICAPP assigns inmates to involuntary segregated housing, policy requires them to be housed only until an alternative means of separation from likely abusers can be arranged, and assignment does not exceed 30 days.

If the facility places an inmate in involuntary segregated housing, the facility will document as required by this provision.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment was 0.
- The number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement was 0.
- From a review of case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, the number of case files that include both (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged reported was 0.

MTC Offender Data System (ODS) Generated Automated Email: Email A – from ODS notifying the facility PREA Manager that a new PREA Allegation has been assigned for investigation making sure assigned staff implement actions which ensure the involved offender (s) and/or staff protected from retaliation. Also, any use of involuntary segregated housing for the inmate who alleged suffering sexual abuse shall only be used after an assessment determines there is no available alternative means of separation from likely abusers. The reasons need to be documented within 24 hours of placement.

- a. Protect inmates and /or staff from retaliation for at least 90 days in accordance with standard 115.67 and MTC policy 903E.02.



- b. Document any use of involuntary segregated housing within 24 hours in accordance with standard 115.68, 115.43 and MTC policy 903E.02.

**Interview Results:**

- The warden and the facility PREA compliance manager, in an interview, stated the use of involuntary restricted housing would be a last resort, and if used, an assessment would be conducted documenting that less restrictive means were not available.

## REPORTING

### Standard 115.51: Inmate reporting

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.51 (a)**

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

**115.51 (b)**

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

**115.51 (c)**

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documents, Interviews and Observations:

1. Idaho Maintaining Dignity English
  2. Idaho Maintaining Dignity Spanish
  3. Idaho Memo: Inmate Reporting – Idaho Sheriff's Association April 13, 2016
  4. PREA Hotline Test
  5. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
  6. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (A1 B1, C1, C2, D1, D2)- August 1, 2017
  7. Pre-Audit Questionnaire/Adult Prisons & Jails
  8. MTC ShoreWare Voice Mail – [ShoreTelVM@mtctrains.com](mailto:ShoreTelVM@mtctrains.com) (Inmate Reporting)
  9. Interviews:
    - a. Facility PREA compliance manager
    - b. Random staff (officers)
    - c. Random inmates
- A.** Interviews with staff and documentation review indicated that the facility had established procedures allowing for multiple internal ways for inmates to report privately to ICAPP and MTC officials regarding sexual abuse and sexual harassment, retaliation by other inmates or staff, to include staff neglect or violation of responsibilities that may contribute to PREA incidents. The following are internal reporting ways:
- Grievance System
  - Tell the Case Manager

- Chaplain
  - Reporting to any staff member either verbally or in writing
  - Third party reporting
  - Writing an inmate request
  - Hotline
  - Writing an anonymous note
- B.** Interviews with staff and documentation indicated that the facility has established at least one way for inmates to report abuse or harassment to a public or private entity that is not part the agency, and they can receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request.

Policy requires inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

- C.** The agency policy mandates that staff accept reports of sexual assault and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff is required to document verbal reports immediately, but always before leaving the shift. Staff can report sexual assaults and harassments privately and the agency informs staff through shift briefing, management meetings and PREA training.

#### **Interview Results:**

- One hundred percent of the interviewed inmates stated that they can report sexual abuse or sexual harassment by telling a staff member. They also reported that the address for reporting sexual harassment is on the wall. Most of the inmates felt that they could make a report in a confidential manner. Most of the inmates were aware of multiple ways to report to include but not limited to; telling a trusted staff member, notifying a relative, telling the staff (PREA compliance manager), or writing a letter and giving it to staff.
- One hundred percent of the interviewed staff reported that they have multiple means to privately report sexual abuse or harassment. Such reporting opportunities included notifying the shift supervisor and completing an incident report or reporting through the address provided to the staff.
- The interviewed line staff reported that the inmates can privately report by using an inmate statement form, PREA compliance manager, staff, or family. Such reports can be made verbally or in writing. All the interviewed line staff reported that if an inmate verbally or in writing reports sexual abuse or harassment the allegations are responded to immediately. When probed, staff reported that the verbal report would be

documented on an incident report. Such documentation must be completed immediately.

- An interview with the staff indicated that ICAPP is tasked with the obligation to house adult male criminal inmates. The facility does not detain inmates solely for civil immigration purposes. However, if they receive an inmate solely for civil immigration purposes, the facility will provide the inmate with information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

## **Standard 115.52: Exhaustion of administrative remedies**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.52 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate 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 ☒ No ☐ NA

#### **115.52 (b)**

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### **115.52 (c)**

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ NA

#### **115.52 (d)**

- 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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes  
☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes  
☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ NA

#### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documents, Interviews and Observations:

1. Idaho Inmate Grievance Reports
  2. Idaho Policy Number 316-OM-01 *Inmate Grievances*
  3. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
  4. Idaho Memo: No PREA related Issues
  5. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (A, B1, B3, D1, E1, E2, F2, F1, G) –August 1, 2017
  6. Pre-Audit Questionnaire/Adult Prisons & Jails
  7. Interviews:
    - a. Facility PREA compliance manager
    - b. Inmate who reported sexual abuse
- A.** The facility has an administrative process to address inmate grievances. However, if an inmate uses the grievance process, the grievance coordinator immediately submits the grievance to PREA investigations. Thus, ending the grievance process and beginning the PREA investigation process.
- B.** The facility does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. An inmate can submit a grievance at any time regardless of when the incident is alleged to have occurred. The agency has timelines on other portion of the

grievance process that does not relate to sexual abuse. However, the agency does not require inmates to file informal grievances or attempt to resolve alleged incident of sexual abuse with the staff member.

- C. The facility has a process in place for inmates who allege sexual abuse to submit a grievance without submitting it to the staff member who is involved in the complaint, or will the grievance be referred to a staff member who is the subject of the complaint.
- D. When a staff receives a grievance that is PREA related it is immediately reported to the PREA investigator. This ends the grievance process and begins the investigation process. However, if the grievance process moves forward, the facility issues a final decision on the merits of any portion of allegations within 90 days of the initial filing.

The facility will claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision.

- E. According to interviews, third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and also permitted to file requests on behalf of inmates.

If a third party files a request on behalf of an inmate, the facility will require as a condition of processing the request that the alleged victim agrees 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. If the inmate declines to have the request processed on his/her behalf, the facility documents the inmate's decision.

- F. The facility has established procedures for filing emergency grievances alleging that an inmate is subject to a substantial risk of imminent sexual abuse.

According to interviews, when the facility receives an emergency grievance alleging an inmate is at substantial risk of imminent sexual abuse, the staff immediately forwards the grievance for investigations.

- G. Inmate's documentation indicated that the facility may discipline an inmate for filing a grievance related to alleged sexual abuse when the inmate filed the grievance in bad faith.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interview:

- In the past 12 months, the number of grievances filed that alleged sexual abuse reported was 0.
- In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed reported was 0.
- The number of grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline reported was 0.
- The number of emergency grievances alleging substantial risk of imminent sexual abuse that was filed in the past 12 months reported was 0.
- The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within five days reported was 0.
- In the past 12 months, the number of inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith reported was 0.

## **Standard 115.53: Inmate access to outside confidential support services**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.53 (a)**

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- 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 ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

#### **115.53 (b)**

- Does the facility inform inmates, 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 ☐ No



### 115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documents, Interviews and Observations:

1. C-Signed MOU 2019 – Sane Solutions/Terry Reilly Mental Health Services
  2. Idaho Memo: Inmate Reporting – Idaho Sheriffs' Association
  3. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
  4. Maintaining Dignity (PREA and Sexual Activity Elimination) Handout Spanish
  5. Maintaining Dignity (PREA and Sexual Activity Elimination) Handout English
  6. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (A1, B1-2, C1,2,4)–August 1, 2017
  7. Pre-Audit Questionnaire/Adult Prisons & Jails
  8. Interviews:
    - a. Facility PREA compliance manager
    - b. Random inmates
    - c. Inmate who reported sexual abuse
- A.** The ICAPP provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates the mailing address to the Rape Crisis Center. An interview with the facility PREA compliance manager indicated that the ICAPP is a private contract facility tasked with the obligation to house adult male inmates.

- B. The ICAPP informs inmates prior to them communicating with outside organizations that phone calls may be monitored and that reports of sexual abuse or sexual violence will be forwarded to authorities by mandatory reporting laws. Inmates receive this information in their Admission and Orientation Booklet. However, inmate interviews indicated concerns about not being able to report outside the facility confidentially on the phone without being recorded.
- C. The facility maintains a memoranda of understanding (MOU) or other agreements with community services providers that are able to provide inmates with emotional support services related to sexual abuse.

#### **Interview Results:**

- The resident handbook provided mailing addresses and telephone numbers for outside victim advocacy and support, the local rape crisis center. The handbook format clearly delineated how the inmates could access outside supportive services in a confidential manner.
- All of the inmates reported having open access to the PREA number. Several inmates expressed concern that they do not know if the calls are private and confidential.

**Concern:** Twenty- six inmates were interviewed, 12 inmates responded to the question “Do you know if there are services available outside of this facility for dealing with sexual abuse if you needed it? Twelve inmates stated no.

- **Facility Response:** In order to help make sure inmates know how to report incidents and where they might be able to access services in the community the following information has been added to the paperwork that all inmates receive on the first day at the facility.
  - Question: How can I report sexual abuse or harassment?
    - Reporting to the facility: Speak to any staff person, call the PREA Hotline, send a concern form, file an emergency grievance, or send a confidential concern form. Anonymous third-party reporting can be done by contacting inmate lawyer (calls not recorded) or writing one of these two agencies for advocacy services.

Idaho Sheriffs' Association  
3100 Vista Ave, Suite 203  
Boise, ID 83705

Terry Riley

- This provision is compliant.

## Standard 115.54: Third-party reporting

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documents, Interviews and Observations:

1. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
  2. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (A1, A2) - August 1, 2017
  3. Pre-Audit Questionnaire/Adult Prisons & Jails
  4. PREA Poster English (A2)
  5. MTC PREA Website
  6. Interviews:
    - a. Facility PREA compliance manager
- A.** Idaho Correctional Alternative Placement Program Facility (ICAPP) uses the MTC website page as their method of third-party reporting of sexual abuse and sexual harassment. The public is made aware through a visitor's information package.

- B. Third party information is being provided to all visitors regarding their family members that are incarcerated at Idaho Correctional Alternative Placement Program Facility (ICAPP) by an agency website. If at any time an inmate makes an allegation of being a victim of a sexual assault or sexual harassment and does not feel comfortable telling, writing, or using the posted hotline, the family member can make an official report on the inmate's behalf by contacting assigned staff. All sexual abuse or sexual harassment reports are done discreetly to not compromise the offender.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

##### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain 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 ☐ No

##### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

#### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

#### 115.61 (e)

- 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 ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documents, Interviews and Observations:

1. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
  2. Idaho Memo: CAPP does not house any inmates under 18
  3. Idaho – Information Report Form
  4. CAPP SART – Administrative Review Final
  5. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (A1, A2, A3, B1) –August 1, 2017
  6. Pre-Audit Questionnaire/Adult Prisons & Jails
  7. Interviews:
    - a. Agency PREA coordinator
    - b. Warden
    - c. Facility PREA compliance manager
    - d. Medical staff
    - e. Mental health staff
    - f. Random staff (officers)
- A. Policy requires staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency; retaliation against inmates or staff who reported the

incident; as well as staff neglect or violation of responsibilities that contributed to the incident or retaliation. This policy information was confirmed by staff interviews.

- B.** When sexual abuse incidents occur at ICAPP, staff interviews indicated that the facility would report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, initially to the facility's designated investigators. Apart from reporting to designated supervisors or officials and designated State or local services agencies, policy prohibits staff from revealing any information related to a sexual abuse reports to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.
- C.** The staff at Idaho Correctional Alternative Placement Program Facility understands that they are required to report sexual abuse and to inform inmates of practitioner's duty to report and the limitations of confidentiality when services are provided.
- D.** The facility does not house youthful inmates under the age of 18; however, if they did house a youthful inmates and vulnerable adults, they would report the allegation to the designated State or local services agency under applicable mandatory reporting laws.
- E.** Interview with the PREA compliance manager indicated that the facility staff reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the facility PREA investigator.

#### **Interview Results:**

- The agency PREA coordinator indicated that, although MTC does not confine persons under the age of 18, if an allegation of sexual abuse or sexual harassment is made by someone considered to be a vulnerable adult under state or local law, or perceived to be a vulnerable adult, we would report the allegation to the designated State or local services agency and investigative authority under applicable mandatory reporting laws.
- One hundred percent of the staff interviewed reported being aware of the agency's procedure for reporting any information related to an inmate sexual abuse. Interviewed staff could clearly articulate the necessity to report any incident or alleged incident of sexual abuse or harassment immediately. They are aware of various methods of reporting in writing or verbally to include but not limited to; reporting to shift supervisor and/or PREA compliance manager.
- The interviewed medical and mental health staff reported that the inmates are provided information at the initiation of services regarding the limitations of confidentiality and their duty to report. It was also reported that the inmates are required to sign a consent form. The interviewed medical and mental health staff

reported that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. The reports are made to the immediate supervisor and the PREA compliance manager. Both interviewed medical and mental health staff stated that they have not made reports of allegations of sexual abuse or sexual harassment.

- Interview with the warden indicated that all allegations of sexual abuse and sexual harassment, to include third-party and anonymous sources, are reported directly to the facility investigators and the Office of Investigations.

## Standard 115.62: Agency protection duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Supporting Documents, Interviews and Observations:

1. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
2. PREA Allegation (9)
3. Report of Imminent Risk
4. C-Note Summary – Restrictive Housing
5. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (A2) – August 1, 2017
6. Pre-Audit Questionnaire/Adult Prisons & Jails
7. Interviews:
  - a. Agency head
  - b. Agency assistant PREA coordinator

- c. Warden
- d. Facility PREA compliance manager
- e. Random staff (officers)

- A. When ICAPP learns that an inmate is at substantial risk of imminent sexual abuse, it takes immediate action by offering the inmate the opportunity to move to special housing or protection custody until the matter is resolved.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

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

#### **Interview Results:**

- The agency head indicated when MTC learns that an inmate is subject to a substantial risk of imminent sexual abuse, MTC requires the facility to immediately take actions to protect the inmate (*i.e.*, it takes some action to assess appropriate protective measures without unreasonable delay). Efforts will be made to:
  - At least temporarily, separate the inmate who is reportedly subject to a substantial risk of imminent sexual abuse from the general population,
  - Notify supervisory staff in a confidential manner,
  - Document observation and information, and
  - Investigate the nature and scope of risk to the offender, taking action consistent with the facts derived and customer agency policy.
- One hundred percent of interviewed staff could articulate the response process if an inmate is at risk of imminent sexual abuse. The staff reported that action is taken immediately to address an inmate who is at risk of sexual abuse by privately talking to the person who may be at risk, immediately notifying the supervisor and separate the victim and perpetrator. Separation may include moving someone to a different unit or placing the victim in a room closer to the shift office. All staff reported that information would only be shared with necessary parties. More specifically, staff described not sharing information with other inmates or unnecessary staff.
- Interview with the warden indicated that when they learn that an inmate is subject to a substantial risk of imminent sexual abuse, the inmate may be protected by moving to another housing unit or transferring the abuser.



## Standard 115.63: Reporting to other confinement facilities

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.63 (a)

- Upon receiving an allegation that an inmate 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 ☐ No

#### 115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

#### 115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

#### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documents, Interviews and Observations:

1. Idaho Memo: Facility has not received any notifications that an inmate was abused while confined at another facility.
2. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
3. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (A1, B1, C1, D1) –August 1, 2017
4. Pre-Audit Questionnaire/Adult Prisons & Jails
5. Interviews:
  - a. Agency head
  - b. Warden

c. Facility PREA compliance manager

- A. ICAPP has not received an allegation that an inmate was sexually abused while confined at another facility. Per staff interviews, the facility will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Policy requires the warden or designated staff to provide notification to the other facility head as soon as possible but always in 72 hours after receiving the allegation with documentation of reporting.

The facility provided a process that they would use if an inmate alleged sexual assault or sexual harassment at another facility.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- During the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility was 0.
- B. Staff interviews indicated that when receiving allegations reported from other facilities, they would complete an incident report and send for investigations.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- During the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was 0.

**Interview Results:**

- The agency head indicated that the facility head/warden is the designated point of contact in accordance with MTC policy 903E.02.
- The agency head indicated that the facility ensures that the allegation is investigated in accordance with MTC and State policy. If there are examples of such allegations being reported from another facility or agency.
- Interview with the warden indicated when and if the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred at their facility involving staff, they would put that staff on no-contact. If it involves an inmate, they will monitor that inmate until the investigation is completed.

## Standard 115.64: Staff first responder duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate 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 ☐ No
- Upon learning of an allegation that an inmate 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 ☐ No
- Upon learning of an allegation that an inmate 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 ☐ No

#### 115.64 (b)

- 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 ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

## Supporting Documents, Interviews and Observations:

1. Investigation – SART Administrative Review
2. PREA Reporting to Inmate Form
3. Investigation
4. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
5. Idaho Memo: No PREA Allegations where evidence collection was either required or possible.
6. Idaho Memo: Staff first responder duties
7. Idaho Sexual Abuse or Contract Checklist
8. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (A1, B1) – August 1, 2017
9. Pre-Audit Questionnaire/Adult Prisons & Jails
10. Interviews:
  - a. Security Staff Who Have Acted as First Responder
  - b. Non-Security Staff Who Acted as First Responder
  - c. Inmate Who Reported Sexual Abuse

- A.** Interviews with staff and staff training indicated that when staff learn of an allegation that an inmate is sexually abused, the first security staff to respond separates the victim and abuser; preserves and protects the crime scene; and if the incident occurred within the appropriate period for the collection of physical evidence, they will request that the alleged victim not take actions that could destroy physical evidence, to include washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- B.** According to non-security staff, if they are the first responder, they will request that the alleged victim not take any actions that could destroy physical evidence, and notify security staff.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the past 12 months, the number of allegations that an inmate was sexually abused was 0.
- Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser was 0.
- In the past 12 months, the number of allegations where staff was notified within a period that still allowed for the collection of physical evidence was 0.
- Of the allegations that an inmate was sexually abused made in the past 12 months, the number of times non-security staff member was the first responder was 0.

### Interview Results:

- The first responder staff that were interviewed, were able to describe the actions they would take as a first responder. Such actions included but was not limited to: separating the victim and perpetrator, place on segregation, report immediately to the supervisor, take to medical for a healthcare assessment, encourage the inmate not to shower or brush teeth, place “suspect” in isolation so they won’t contaminate the scene, secure the crime scene, and bag and tag evidence. When probed one of the first responders could not clearly articulate or was not aware of the process to collect evidence.

## Standard 115.65: Coordinated response

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.65 (a)

- 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 ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documents, Interviews and Observations:

1. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
2. SART Review – CAPP SART
3. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons (A1)* – August 1, 2017
4. Pre-Audit Questionnaire/Adult Prisons & Jails
5. Interviews:
  - a. Warden

b. Facility PREA compliance manager

- A. The facility policy response protocol provided guidelines for staff a written plan to coordinate actions taken in response to an incident of sexual abuse, among staff were first responders, medical and mental health practitioners, investigators, and facility leadership. The MTC Institutional Policy gives details for the Inmate Sexual Abuse Coordinated Response Plan.

**Interview Results:**

- Warden interview indicated that the MTC policy requires a written plan to coordinate actions taken in response to an incident of sexual abuse.

**Standard 115.66: Preservation of ability to protect inmates from contact with abusers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.66 (a)**

- 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 inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

**115.66 (b)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### **Documents, Interviews and Observations:**

1. Idaho Memo: Has not entered into any collective bargaining agreement
  2. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* – August 1, 2017
  3. Pre-Audit Questionnaire/Adult Prisons & Jails
  4. Interviews:
    - a. Agency head
    - b. Warden
    - c. Facility PREA compliance manager
- A.** Staff interviews and documentation indicated that ICAPP's current relationship with union or collective bargaining agreements does not limit ICAPP's ability to remove alleged staff sexual abusers from contact with inmates.
- B.** Because there is no collective bargaining agreement, the conduct of the disciplinary process is not affected and investigation information will not be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.

#### **Interview Results:**

- The agency head confirmed that two of the 25 correctional facilities under MTC has an existing collective bargaining agreement (CBA) with the Federal Contract Guards of America (FCGOA). However, this facility is not under the collective bargaining agreement or union.
- The agency head indicated yes that MTC can verify that the CBA permits the agency, via MTC, to remove alleged staff sexual abusers from contact with any inmates pending an investigation or a determination of whether and to what extent discipline is warranted. There were and are no provisions in the CBA which limits the Management's Right clause specifically to management's right of removal of an employee from contact with inmates.
- Interview with the warden and facility PREA compliance manager indicated that the ICAPP does not belong to a union.

## Standard 115.67: Agency protection against retaliation

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

#### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

#### 115.67 (c)

- 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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- 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 ☐ No
- 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 inmate disciplinary reports? ☒ Yes ☐ No
- 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 inmate housing changes? ☒ Yes ☐ No
- 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 inmate program changes? ☒ Yes ☐ No



- 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 ☐ No
- 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 ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?  
☒ Yes ☐ No

#### 115.67 (e)

- 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 ☐ No

#### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documents, Interviews and Observations:

1. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
2. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (A1, A2) – August 1, 2017
3. MTC Policy - Rules of Conduct
4. MTC Annual Report
  - a. MTC Offender Data System

- b. Demographics of MTC Operated Facilities
    - c. Summary of Facilities Reports
    - d. Agency Progress Assessment
    - e. MTC Offender Data System (ODS) Generated Automated Emails
  - 5. MTC Automatic Email: Protect inmates and/or staff from retaliation for least 90 days.
  - 6. Pre-Audit Questionnaire/Adult Prisons & Jails
  - 7. Interviews:
    - a. Agency head
    - b. Warden
    - c. Facility PREA compliance manager
    - d. Designated staff member charged with monitoring retaliation
    - e. Inmates placed in segregated housing
- A.** MTC prohibits retaliatory behavior by inmates or staff in regards to the reporting of sexual abuse, sexual harassment or cooperation with investigators as it relates PREA related incidents and allegations. Inmate's rights documentation and staff policy establish expected conduct. The facility PREA compliance manager is responsible for monitoring retaliation along with supervisors to monitor inmates as it relates to PREA allegations and incidents.
- B.** The facility has several protection and reporting measures, for inmates. They can utilize the Grievance Program to document retaliatory acts or other PREA related concerns and issues. The process is overseen by the facility PREA compliance manager who works in concert with the facility administrators and investigators to ensure privacy and policy compliance. The facility has the option to change inmate housing or transfer inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The facility reported that there is no retaliation for this audit reporting period. However, if the facility were to have issues with retaliation, the policy will guide them on this standard. For example, for at least 90 days following a report of sexual abuse, the facility monitors the conduct and treatment of inmates or staff who reported the sexual abuse; and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff; and act promptly to remedy any retaliation. Items the facility should monitor include inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The facility continues monitoring beyond 90 days if the initial monitoring indicates a continuing need.

MTC Offender Data System (ODS) Generated Automated Email: Email A – from ODS notifying the facility PREA Manager that a new PREA Allegation has been assigned for investigation making sure assigned staff implement actions which ensure the involved offender(s) and/or staff protected from retaliation. Also, any use of involuntary segregated housing for the inmate who alleged suffering sexual abuse shall only be used after an assessment determines there is

no available alternative means of separation from likely abusers. The reasons need to be documented within 24 hours of placement.

- a. Protect inmates and /or staff from retaliation for at least 90 days in accordance with standard 115.67 and MTC policy 903E.02.
- b. Document any use of involuntary segregated housing within 24 hours in accordance with standard 115.68, 115.43 and MTC policy 903E.02.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

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

### **Interview Results**

- The agency head indicated that for all cases, both inmates and staff, MTC policy prohibits retaliation against those that allege sexual abuse or harassment. Staff violation of policy is subject to MTC's progressive disciplinary process. Inmate retaliation is subject to inmate disciplinary process. Placement in protective custody or restrictive housing pending investigation or pending transfer is used to protect the inmate after all other alternatives for protection have been considered.
- The agency head indicated that they initiate targeted monitoring techniques on both the informant and those inmates perceived as a threat. These could include: video and direct monitoring, listening to phone calls, reading mail, watching commissary spend, etc.
- Interviewed staff indicated that when preventing retaliation against inmates and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment, investigations would change inmate housing or transfers an inmate, remove alleged abusers, and refer inmate to counseling for services. When preventing retaliation against staff, they would change the staff shift or change the staff work details.
- Interviewed staff indicated that they would monitor the inmate at least weekly. However, this process would end around 90 days.

## Standard 115.68: Post-allegation protective custody

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documents, Interviews and Observation:

1. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
2. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons –August 1, 2017*
3. Pre-Audit Questionnaire/Adult Prisons & Jails
4. MTC Annual Report
  - a. MTC Offender Data System
  - b. Demographics of MTC Operated Facilities
  - c. Summary of Facilities Reports
  - d. Agency Progress Assessment
  - e. MTC Offender Data System (ODS) Generated Automated Emails
    - i. MTC Automatic Email: Protect inmates and/or staff from retaliation for least 90 days.
    - ii. MTC Automatic Email B
    - iii. MTC Automatic Email C
    - iv. MTC Automatic Email E
5. PREA Audit: Pre-Audit Questionnaire/Adult Prisons & Jails
6. MTC Automatic Email: Every 30 days, the facility shall afford each inmate a review to determine whether there is a continuing need for separation from the general population.
7. Interviews:
  - a. Warden

- b. Facility PREA compliance manager
  - c. Staff who supervise inmate in segregated housing
  - d. Inmates placed in segregated housing
- A. The facility's use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is based on the requirements of standard 115.43. Interviews and documentation reviewed at ICAPP indicated that inmates at high risk for sexual victimization are prohibited from being placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there are no available alternative means of separation from likely abusers. Interviews also revealed that if an assessment cannot be immediately completed, the facility will hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of inmates who alleged to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment was 0.
- The number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement was 0.
- From a review of inmates who alleged to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months, the number of case files that include both a statement of the basis for facility's concern for the inmate's safety, and the reason or reasons why alternative means of separation could not be arranged was 0.

### **Interview Results**

- Interviewed staff indicated that there were no inmates during the audit period that were placed in segregation for protection from sexual abuse or after having alleged sexual abuse; however, staff did understand that if an inmate was placed in segregation for protection they would ensure that the inmate received programs, privileges, and education and work opportunities.
- Interview with the warden indicated that policy prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing instead of other housing areas unless an assessment has determined there are no available alternative means of separation from potential abusers. It was also indicated that inmates at high risk for sexual victimization or who have alleged sexual abuse would only be placed

in involuntary segregated housing only until an alternative means of separation from likely abusers could be arranged.

- Interview with the warden indicated that the facility management team conducts sexual abuse incident review team meetings. The team includes upper-level management and allows for input from line supervisors, investigator, medical and counseling staff. The team considers all requirements listed in the standard.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.71 (a)

- 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/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

##### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

##### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

##### 115.71 (d)

- 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 ☐ No

**115.71 (e)**

- 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 inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

**115.71 (f)**

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- 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 ☐ No

**115.71 (g)**

- 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 ☐ No

**115.71 (h)**

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

**115.71 (i)**

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

**115.71 (j)**

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

**115.71 (k)**

- Auditor is not required to audit this provision.

**115.71 (l)**

- 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 115.21(a).) ☒ Yes ☐ No ☐ NA

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documents, Interviews and Observations:

1. Investigation Report – SART
  2. Idaho Memo: No Referred to ADA County Sheriff's Office for Investigations or Prosecution
  3. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
  4. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (H1, I1, K1) –August 1, 2017
  5. MTC Annual Report
    - a. MTC Offender Data System
    - b. Demographics of MTC Operated Facilities
    - c. Summary of Facilities Reports
    - d. Agency Progress Assessment
    - e. MTC Offender Data System (ODS) Generated Automated Emails
      - i. MTC Automatic Email: Protect inmates and/or staff from retaliation for least 90 days.
      - ii. MTC Automatic Email B
      - iii. MTC Automatic Email C
      - iv. MTC Automatic Email E
  6. Pre-Audit Questionnaire/Adult Prisons & Jails
  7. Interviews:
    - a. Agency PREA coordinator
    - b. Warden
    - c. Facility PREA compliance manager
    - d. Facility investigator
    - e. Inmate who reported sexual abuse
- A.** Interviews with the facility PREA investigator indicated that when they conduct investigations into allegations of sexual abuse and sexual harassment, they do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.



- B. The ICAPP uses investigators who have received special training in sexual abuse investigations. The facility PREA investigator and agency investigators have completed the NIC online training.
- C. Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; review prior complaints and reports of sexual abuse involving the suspected perpetrator. When a case has been substantiated allegations of conduct that appear to be criminal are referred for prosecution and the facility consults with the prosecutor. Because an outside agency is investigating the facility cooperates and remains informed about the progress of the investigation.
- D. Interviewed staff and completed investigation reports revealed that all PREA investigations, Administrative or Criminal, are documented in written format. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse and documented description of the physical and testimonial evidence, and investigative facts and findings. According to policy, the agency keeps these cases as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit was 1.

#### **Interview Results:**

- The agency PREA coordinator indicated that typically, once the investigation is referred and an investigation has been performed, the investigating authority reports the results of the investigation to the facility warden. If results are not obtained within a reasonable time, the investigating agency will be contacted by the facility personnel periodically until the results of the investigation are known.
- Interviewed staff indicated that the outside agency that investigates criminal sexual abuse keeps the facility informed of the progress of the investigation thru emails and the release of the final investigation report.
- Interviewed investigator described that direct and circumstantial evidence gathered in an investigation of an incident of sexual abuse consisted of collecting physical and DNA evidence, electronic monitoring data, interviews, and prior complaints and reports of sexual abuse.
- Interviewed investigator indicated that when evidence is discovered that a prosecutable crime may have taken place; it is turned in for review then the prosecutor is consulted.

According to the investigator, cases for prosecution are referred when there are substantiated allegations of conduct that appear to be criminal.

- Interviewed investigator indicated when a staff alleged to have committed sexual abuse terminates employment prior to a completed investigation into the conduct; the investigator continues the investigation until completion.
- Interviewed investigator indicated all investigations are documented. The documentation includes descriptions of physical, testimonial, and documentary evidence, as well as attached copies of documentary evidence.

## **Standard 115.72: Evidentiary standard for administrative investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.72 (a)**

- 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 ☐ No

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### **Documents, Interviews and Observations:**

1. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
2. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (A1) –August 1, 2017
3. Pre-Audit Questionnaire/Adult Prisons & Jails
4. Interviews:
  - a. Warden
  - b. Facility PREA compliance manager
  - c. Facility investigator

- A. The investigators impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

**Interview Results:**

- Interviewed facility investigators confirmed the standard to determine whether an allegation is substantiated is the preponderance of the evidence.
- Interviewed warden and facility PREA compliance manager confirmed the standard to determine whether an allegation is substantiated is the preponderance of the evidence.

## **Standard 115.73: Reporting to inmates**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.73 (a)**

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

#### **115.73 (b)**

- If the agency did not conduct the investigation into an inmate'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 inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

#### **115.73 (c)**

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, 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 ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, 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 ☐ No

### 115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documents, Interviews and Observations:

1. Example of Inmate Reporting
2. Idaho Memo: No Investigations conducted by outside agencies within the last 18 months
3. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
4. Example of Staff
5. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (A1, B1, D1, E1) –August 1, 2017
6. Pre-Audit Questionnaire/Adult Prisons & Jails
7. MTC Annual Report
  - a. MTC Offender Data System
  - b. MTC Offender Data System (ODS) Generated Automated Emails

- i. MTC Automatic Email: Inform the inmate and document the notification, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded (A,E)
- 8. Interviews:
  - a. Warden
  - b. Facility PREA compliance manager
  - c. Facility investigator
  - d. Inmate who reported sexual abuse

- A. Policy 903.3.E.02 – Ensuring Safe Prisons, requires that following an investigation into an inmate’s allegation that he suffered sexual abuse; a facility informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. In those cases, in which the PREA Unit did not conduct the investigation, the relevant information will be requested from the investigative agency to inform the inmate. The facility obligation to an inmate terminates if the inmate is released from department’s custody.
- B. Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, the facility will subsequently notify the inmate (unless the allegation has been determined to be unfounded or unsubstantiated) when: 1) the staff member is no longer in the inmate’s housing unit; 2) the staff member is no longer employed at the facility; 3) the facility learns that the staff member has been arrested on a charge related to sexual abuse within the facility; or 4) the facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility. All notifications are documented. The facility’s obligation to report under this standard terminates if the alleged victim is released from the department’s custody.

When ICAPP notifies inmates, it uses the *Notification of Outcome of Investigation* letter as its documentation located in the investigation paper work.

MTC Offender Data System (ODS) Generated Automated Emails: Email B – from ODS notifying the facility PREA Manager that a determination has been made on a PREA investigation and the specific action which is required:

- a. Reassess the inmate’s risk of victimization or abusiveness based upon information from the investigation. 114.41.
- b. For substantiated or unsubstantiated sexual abuse allegations, initiate a Sexual Abuse incident Review within 30 days of determination. 115.86
- c. Inform the inmate and document the notification, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. 115.73

Email C – from ODS notifying the facility HR Manager that a determination has been made on a PREA investigation and the specific action which is required.

- d. Follow standards and policy related to disciplinary sanctions for staff as detailed below (115.76).
- e. Follow standards and policy related to hiring and promotion decisions as detailed below (115.17).
- f. Inform the inmate and document the notification, consistent with standards 115.73, unless the allegation, following an investigation, was unfounded. (This can be performed by the PREA Manager depending on facility direction).

Email E – from ODS notifying the PREA Manager to contact the investigative agency to obtain the results of the PREA case identified below. (115.73).

- g. Contact investigative agency and document status.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of criminal and administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months was 3.
- Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of inmates who were notified, verbally or in writing, of the results of the investigation was 9.
- The number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months was 0.
- Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was 0.

### **Interview Results**

- Interview with warden indicated that the facility will notify inmates who make an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.
- Interviewed investigator indicated that an inmate who makes an allegation of sexual abuse must be informed as to the whether the allegation has been determined to be

substantiated, unsubstantiated, or unfounded following an investigation. The information is shared with the facility to inform the inmate.

- Interviewed staff and documentation indicated that ICAPP had one staff member removed from their post or/and terminated due to an allegation or investigation of sexual abuse within the past year. No staff members have been indicated or convicted of a charge related to sexual abuse within the facility within the past year.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

#### 115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

#### 115.76 (c)

- 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 ☐ No

#### 115.76 (d)

- 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 ☐ No
- 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 ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Supporting Documents, Interviews and Observations:

1. Investigation Notes -CAPP SART
2. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
3. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (B1, C1, D1) –August 1, 2017
4. Pre-Audit Questionnaire/Adult Prisons & Jails
5. MTC Policy 203.1 Rules of Conduct (A1)
6. MTC Employee Handbook – Rules of Conduct/Discipline (A1)
7. Interviews:
  - a. Warden
  - b. Facility PREA compliance manager

- A.** Policy 903.3.E.02 – Ensuring Safe Prisons, states that staff is subject to disciplinary sanctions up to and including termination for violating agency inmate sexual abuse and harassment policies. The directive indicates that termination is the presumptive disciplinary sanction for staff that has been found to have engaged in sexual abuse. All terminations for violations of agency inmate sexual abuse or harassment policies or resignations by staff that would have been terminated before their resignation, will be reported to law enforcement agencies, unless the activity was not criminal, and to any relevant licensing bodies.

Policy 903.3.E.02 – Ensuring Safe Prisons, identifies several offenses related to sexual abuse and inappropriate or undue familiarity with an inmate who is in the jurisdiction of the department for which dismissal is normally the sanction.

MTC Offender Data System (ODS) Generated Automated Email: Email C – from ODS notifying the facility HR Manager that a determination has been made on a PREA investigation and the specific action which is required.

- a. Follow standards and policy related to disciplinary sanctions for staff as detailed below (115.76).
- b. Follow standards and policy related to hiring and promotion decisions as detailed below (115.17).



- c. Inform the inmate and document the notification, consistent with standards 115.73, unless the allegation, following an investigation, was unfounded. (This can be performed by the PREA Manager depending on facility direction).

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the past 12 months, the number of staffs from the facility who has violated agency sexual abuse or sexual harassment policies was 1.
- In the past 12 months, the number of staffs from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was 1.
- In the past 12 months, the number of staffs from the facility which has been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies reported were 1.
- In the past 12 months, the number of staffs from the facility that has been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies reported was 1.

### Interview Results

- o Interviews with the warden confirmed staff violating agency sexual abuse policies would be disciplined and that termination is the presumptive action and referral for prosecution where indicated.

## Standard 115.77: Corrective action for contractors and volunteers

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

#### 115.77 (b)

- 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 inmates? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documents, Interviews and Observations:

1. Idaho Memo: Corrective Actions for Contractors and Volunteers
  2. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
  3. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (A1, A2, B1) –August 1, 2017
  4. Pre-Audit Questionnaire/Adult Prisons & Jails
  5. Interviews:
    - a. Warden
    - b. Facility PREA compliance manager
- A.** Policy 903.3.E.02 – Ensuring Safe Prisons, identifies sanctions for contractors, vendors, and volunteers who engage in sexual abuse will be prohibited from contact with inmates and will be reported to law enforcement agencies, unless the activity was not criminal, and to relevant licensing bodies. The facility will take appropriate remedial measures and will consider whether to prohibit further contact with inmates, in the case of any other violation of agency inmate sexual abuse or sexual harassment policies by a contractor or volunteer.

Volunteers and contractors are advised during their orientation that any contractor or a volunteer who engages in sexual abuse shall be prohibited from contact with inmates and will be reported to law enforcement agencies, unless the activity was not criminal, and to relevant licensing bodies. This information is provided in the handbook provided to all contractors and volunteers.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates was 1.

### Interview Results

- o Interviewed warden and facility PREA compliance manager confirmed that contractors, vendors, and volunteers who engage in sexual abuse will be prohibited from contact with inmates and will be reported to law enforcement agencies.

## Standard 115.78: Disciplinary sanctions for inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

#### 115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

#### 115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

#### 115.78 (d)

- 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 require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

#### 115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

#### 115.78 (f)

- 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 ☐ No

#### 115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documents, Interviews and Observations:

1. Idaho Memo: Disciplinary Sanctions for Inmates
2. Disciplinary Mental Health recommendation
3. Disciplinary Codes (Idaho Department of Correction)
4. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
5. IDOC Disciplinary Offense Report
6. Idaho CAPP Policy 318-OM-01 Disciplinary Procedures for Inmates
7. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (A1, D1-2, E1, F1, G1-2) –August 1, 2017
8. Pre-Audit Questionnaire/Adult Prisons & Jails
9. MTC Annual Report
  - a. MTC Offender Data System
  - b. Demographics of MTC Operated Facilities
  - c. Summary of Facilities Reports
  - d. Agency Progress Assessment
  - e. MTC Offender Data System (ODS) Generated Automated Emails
    - i. MTC Automatic Email D
10. Interviews:
  - a. Warden

- b. Facility PREA compliance manager
  - c. Medical staff
  - d. Mental health staff
- A. The ICAPP has a formal inmate disciplinary process when an inmate is subject to a disciplinary sanction following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.
- B. The disciplinary process allows sanctions to commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories within the facility.
- C. The Inmate Discipline Process considers whether an inmate's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. The facility offers counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.
- D. Staff interviews indicated for 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, if an investigation does not establish evidence sufficient to substantiate the allegation.

MTC Offender Data System (ODS) Generated Automated Email: Email D – from ODS notifying the facility Disciplinary Hearing Officer that a determination has been made on a PREA investigation involving an inmate (s) and specific action is required.

- a. Follow standards and policy related to disciplinary sanctions for inmates as detailed below (115.78)

### **Interview Results**

- The interviewed mental health staff indicated that the mental health staff would develop a treatment plan and offer services as needed. It was reported that they have various interventions on working with sexual assault. When services are provided, group participation is not mandatory but encouraged. The interviewed medical staff also reported that individual and group counseling is offered; along with education on how to avoid becoming a victim.
- Interviewed warden and facility PREA compliance manager confirmed a formal inmate disciplinary process for inmates that are subject to a disciplinary sanction following an

administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or sexual harassment.

## MEDICAL AND MENTAL CARE

### Standard 115.81: Medical and mental health screenings; history of sexual abuse

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

##### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

##### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

##### 115.81 (d)

- 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 ☐ No

##### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documents, Interviews and Observations:

1. Idaho CAPP Memo: Intake Screening Referral
  2. Screening for Risk of Victimization and Abusiveness
  3. IDOC Mental Health Screening
  4. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
  5. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (A1, A2, A4, B1) –August 1, 2017
  6. Pre-Audit Questionnaire/Adult Prisons & Jails
  7. Inmate Process Notes
  8. Interviews:
    - a. Medical staff
    - b. Mental health staff
    - c. Staff who perform screening for risk of victimization and abusiveness
    - d. Inmate who disclosed sexual victimization
- A.** MTC Policy 903.E.02 – Ensuring Safe Prisons, require inmates who disclosed they had experienced prior sexual victimization or prior perpetration of sexual abuse, whether it occurred in an institutional setting or the community, are to be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the initial screening.
- B.** An inmate that has previously perpetrated sexual abuse in an institutional setting or community is offered a follow up meeting with a mental health staff within 14 days of the intake screening. An inmate that experienced prior sexual victimization in jail or that occurred in an institutional setting or the community is ensured a follow up meeting with a medical or mental health staff within 14 days of the intake screening.
- C.** Information related to sexual victimization or abusiveness that occurred in an institutional setting will be strictly limited to medical and mental health practitioner 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. Mental Health practitioners will obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18.

#### **Interview Results:**

- Interviews with medical staff indicated inmates reporting prior sexual victimization or prior perpetration would be seen by a mental health professional within 14 days of the initial screening.
- The medical staff reported that informed consent is obtained before reporting about prior sexual victimization that occurred at other institutional settings. Inmates under the age of 18 are not housed at the Idaho Correctional Alternative Placement Program Facility therefore a separate informed consent form is not applicable.

### **Standard 115.82: Access to emergency medical and mental health services**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **115.82 (a)**

- Do inmate 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 ☐ No

##### **115.82 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

##### **115.82 (c)**

- Are inmate 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 ☐ No

##### **115.82 (d)**

- 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 ☐ No



## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documents, Interviews and Observations:

1. PREA Mental Health Progress Report
  2. Investigation Summary – CAPP SART
  3. Idaho CAPP Memo: Emergency Medical and Mental Health Services
  4. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
  5. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* – August 1, 2017
  6. Pre-Audit Questionnaire/Adult Prisons & Jails
  7. Interviews:
    - a. Warden
    - b. Facility PREA compliance manager
    - c. Medical staff
    - d. Mental health staff
    - e. Security staff who have acted as first responder
    - f. Non-Security staff who have acted as first responder
- A.** At the ICAPP, inmate 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. Alleged victims of sexual assault are promptly triaged at the Health Services Unit. Information is gathered, and a brief examination of physical injury will take place, taking care to preserve medical evidence. The health services staff person is consulted to determine if transfer to an emergency department is required.
- B.** When there is no qualified medical or mental health staff on duty at the time a report of abuse is made, the security staff first responder takes preliminary steps to protect the victim and immediately notify the appropriate medical and mental health staff. If the inmate is medically stable, the inmate is requested to consent to a full physical examination off-site after triaging.

Written consent is required before the exam, a collection of evidence or treatment can begin. The inmate is then transferred by MTC to the local hospital. Rape crisis volunteers are also available if needed.

- C. Inmate victims of sexual abuse, while incarcerated, are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, by professionally accepted standards of care, where medically appropriate. The facility offers prophylactic treatment and follow-up for sexually transmitted and other communicable diseases to all victims, as appropriate.
- D. Treatment services are 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.

#### **Interview Results:**

- The interviewed medical and mental health staff both reported that inmates receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Onsite mental health staff are tasked with providing onsite crisis intervention services.

Medical staff will request an offsite SANE nurse to conduct forensic medical examinations. Medical exams occur as soon as medical is notified of the incident. The interviewed medical staff stated that sometimes there is “lag time” with getting in touch with the sexual assault center to conduct the SANE examination. Since mental health staff is not available 24/7, mental health services may be delayed a day.

- The interviewed mental health and medical staff reported that professional judgement is used when delivering services. It was reported that often times the inmate will state that they do not want counseling services; however mental health staff will still follow up with them after an allegation of sexual abuse or sexual harassment. Both interviewed medical and mental health staff reported that inmate victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.
- Interviewed staff describes the following actions they would be taken as a first responder: Separate the alleged victim and abuser, preserving and protecting evidence on the victim, abuser, and the location where the incident occurred.
- Interviewed staff indicated that they would ask the alleged victim and abuser not to take any actions that could destroy physical evidence; washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating, etc.

- Interviewed staff indicated that they would immediately notify their supervisor.
- Interviewed health care staff indicated that inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services.
- Interviewed health care staff indicated that evaluation and treatment of inmates who have been victimized will receive follow-up services, treatment plans, and when necessary, referrals for continued care after leaving the facility.

## **Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

#### **115.83 (b)**

- 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 ☐ No

#### **115.83 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

#### **115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

#### **115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(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 ☐ No ☒ NA

#### **115.83 (f)**

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

### 115.83 (g)

- 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 ☐ No

### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documents, Interviews and Observations:

1. PREA Mental Health Progress Report
2. Idaho Memo: No Female Inmates
3. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
4. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (A1, D1, E1, F1, H1)) –August 1, 2017
5. Pre-Audit Questionnaire/Adult Prisons & Jails
6. Interviews
  - a. Warden
  - b. Facility PREA compliance manager
  - c. Medical staff
  - d. Mental health staff
  - e. Inmate who reported sexual abuse

- A. The ICAPP offers medical/mental health evaluation and provides services to all inmates who have been victimized by sexual abuse.
- B. Staff interviews indicated that evaluations and services of victims include follow-up services, referrals for continued care following inmates transfer to, or placement in other facilities, or their release from custody.
- C. The facility provides victims with medical/mental health services consistent with the community level of care.
- D. Staff interviews indicated that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.
- E. MTC policy requires facility treatment services provided to victims without financial cost.
- F. The facility conducts a medical/mental health evaluation of inmate-on-inmate abusers of learning of abuse history and offers treatment. If the inmate reports history of sexual abuse or abusiveness appears at risk for victimization, security and case management are notified.

**Interview Results:**

- The interviewed mental health staff reported that if an inmate is assigned to a counselor, that counselor will conduct an evaluation. If the assigned counselor is not available, the on-call crisis counselor will conduct the assessment. The first goal is to have the inmate work with the staff they are already assigned to. Facility mental health staff offer counseling services, however are not aware of the scope of outside services that is available to the inmate.
- Medical will provide services along with looking at past medical history to determine if there is a history of infectious diseases. The nature of the medical exam is dependent on if the allegation of sexual abuse and whether the incident was reported to medical within the 72-hour window. The onsite medical staff will conduct a brief medical exam, limiting the scope of services to ensure they do not disturb evidence or services provided by the SANE examiner. The onsite medical staff will draw blood for sexually infectious diseases, and respond to any identified follow up care.
- The interviewed mental health and medical staff reported that the services available in the community is the same levels as provided with in the facility. Victims are not charged for services rendered as a result of an allegation of sexual abuse. The facility houses only male inmates, and have not had to provide services for pregnant inmates. The medical and mental health staff reported that they conduct mental health evaluations on all inmate on inmate abusers and offer treatment services if appropriate. It was reported that many of the inmates will continue to deny their involvement in an allegation of sexual abuse. When further probed

it was identified that the mental health staff will look at prior history however there are not any groups specific to inmate on inmate sexual abuse.

- Interviewed staff stated that medical/mental health evaluations are provided to all inmates who have been victimized by sexual abuse.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.86 (a)

- 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 ☐ No

##### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

##### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

##### 115.86 (d)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

## 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documents, Interviews and Observations:

1. Idaho CAPP – SART
2. Investigation Summary – CAPP SART
3. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
4. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (A1, B1, C1, D1, E1) –August 1, 2017
5. Pre-Audit Questionnaire/Adult Prisons & Jails
6. MTC Annual Report
  - a. MTC Offender Data System
  - b. Demographics of MTC Operated Facilities
  - c. Summary of Facilities Reports
  - d. Agency Progress Assessment
  - e. MTC Offender Data System (ODS) Generated Automated Emails
    - i. MTC Automatic Email A
    - ii. MTC Automatic Email B
    - iii. MTC Automatic Email C
    - iv. MTC Automatic Email D
    - v. MTC Automatic Email E
7. MTC Automatic Email: For substantiated or unsubstantiated sexual abuse allegations, initiate a sexual abuse incident review within 30 days of determination.
8. Interviews:
  - a. Warden
  - b. Facility PREA compliance manager
  - c. Incident review team member

- A.** MTC Policy 903.E.02 – Ensuring Safe Prisons, reviewed by the facility of sexual abuse incidents, requires each facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the incident has been determined to be unfounded. The review ordinarily occurs within 30 days of the conclusions of the investigation when they received the Investigation Report. The review team will include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.
- B.** The review team is required to consider and complete the following:
- Whether the allegation or investigation indicates a need to change policy or practice to prevent better, detect or respond to sexual abuse;
  - Whether the incident or allegation was motivated by race, ethnicity, gang affiliation, gender identity, status or perceived status as lesbian, gay, bisexual or intersex, or was motivated or caused by other group dynamics at the facility;
  - Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
  - Asses the adequacy of staffing levels in that area during different shifts;
  - Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

MTC Offender Data System (ODS) Generated Automated Email: Email B – from ODS notifying the facility PREA Manager that a determination has been made on a PREA investigation and the specific action which is required:

- a. Reassess the inmate’s risk of victimization or abusiveness based upon information from the investigation. 114.41.
  - b. For substantiated or unsubstantiated sexual abuse allegations, initiate a Sexual Abuse Incident Review within 30 days of determination. 115.86
  - c. Inform the inmate and document the notification, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. 115.73
- C.** The facility incident review team documents all recommendations, and the facility leadership follows thru with implementation.

**Interview Results:**

- Interviews with staff confirmed they are aware of the process and were able to articulate how they would conduct a review. Staff indicated that the following are minimally the staff on the incident review team: warden; deputy warden, PREA compliance manager,



counseling, medical and additional staff appointed by the warden. This team meets to review any incident, including any PREA related incidents.

- Interviewed staff indicated that they consider whether the incident or allegation was motivated by all the requirements listed in the standard, and when there is monitoring technology it is reviewed as a part of the review.

## Standard 115.87: Data collection

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.87 (a)

- 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 ☐ No

#### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

#### 115.87 (c)

- 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 ☐ No

#### 115.87 (d)

- 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 ☐ No

#### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

#### 115.87 (f)

- 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 ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

## Supporting Documents, Interviews, and Observations

1. Idaho CAPP Policy Number: 325-OM-01, *Ensuring Safe Prisons – Prison Rape Elimination*
  2. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (A1, A2, B1, D1, F1) –August 1, 2017
  3. Pre-Audit Questionnaire/Adult Prisons & Jails
  4. MTC Investigations Incidents Reported By Facility
  5. MTC PREA Annual Report (B1, C2, E1, E2, F1)
    - a. MTC Report of 2017 PREA Allegations and Investigation Results
    - b. MTC Report of 2016 PREA Allegations and Investigation Results
    - c. MTC Report of 2015 PREA Allegations and Investigation Results
    - d. MTC Report of 2014 PREA Allegations and Investigation Results
    - e. MTC Offender Data System
    - f. Demographics of MTC Operated Facilities
    - g. Summary of Facilities Reports
    - h. Agency Progress Assessment
    - i. MTC Offender Data System (ODS) Generated Automated Emails
      - i. MTC Automatic Email A
      - ii. MTC Automatic Email B
      - iii. MTC Automatic Email C
      - iv. MTC Automatic Email D
      - v. MTC Automatic Email E
    - j. Note: The questions correspond with the Survey of Sexual Victimization conducted by the BJA/ Department of Justice.
  6. Interviews:
    - a. Warden
    - b. Facility PREA compliance manager
- A.** MTC collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions as required by MTC Policy, 903E.02, *Ensuring Safe Prisons*. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. MTC aggregates the incident-based sexual abuse data at least annually and generates a comprehensive and informative annual report. Each MTC facility is required by policy to maintain, review and collect data as needed from all available

incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Interviews indicated MTC has a very sophisticated data system enabling the company to collect and report accurate data to answer all questions on the Survey of Sexual Violence and the system is set up to answer them sequentially. Additionally, the system has the capability for generating valuable reports including the following: PREA Allegations and Investigations Summary Report, PREA Allegations and Investigations Report by Site, Investigations by Facility, Master Investigation Log, Master Investigation Log by Site and others.

- B.** The reviewed 2017 MTC Annual Report was comprehensive and detailed and included Demographics of MTC Operated Facilities as well as detailed PREA data. In 2016 MTC started using their Offender Data System (ODS). The system provides a platform which captures all data required for responses to the Survey of Sexual Victimization (SSV). In addition, incident reviews required by the PREA standards, are now able to be put into the system for review by management. Efforts have been made to provide additional structure within the Offender Data System by triggering automated email distribution following entries into the ODS PREA system. The purpose of the five emails (which include the specific PREA standards being attached to each email for reference/education and duties to be followed) are listed in the following paragraphs:

**MTC Offender Data System (ODS) Generated Automated Emails:**

Email A – from ODS notifying the facility PREA Manager that a new PREA Allegation has been assigned for investigation making sure assigned staff implement actions which ensure the involved offender (s) and/or staff protected from retaliation. Also, any use of involuntary segregated housing for the inmate who alleged suffering sexual abuse shall only be used after an assessment determines there is no available alternative means of separation from likely abusers. The reasons need to be documented within 24 hours of placement.

- Protect inmates and /or staff from retaliation for at least 90 days in accordance with standard 115.67 and MTC policy 903E.02.
- Document any use of involuntary segregated housing within 24 hours in accordance with standard 115.68, 115.43 and MTC policy 903E.02.

Email B – from ODS notifying the facility PREA Manager that a determination has been made on a PREA investigation and the specific action which is required:

- Reassess the inmate's risk of victimization or abusiveness based upon information from the investigation. 114.41.

- For substantiated or unsubstantiated sexual abuse allegations, initiate a Sexual Abuse incident Review within 30 days of determination. 115.86
- Inform the inmate and document the notification, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. 115.73

Email C – from ODS notifying the facility HR Manager that a determination has been made on a PREA investigation and the specific action which is required.

- Follow standards and policy related to disciplinary sanctions for staff as detailed below (115.76).
- Follow standards and policy related to hiring and promotion decisions as detailed below (115.17).
- Inform the inmate and document the notification, consistent with standards 115.73, unless the allegation, following an investigation, was unfounded. (This can be performed by the PREA Manager depending on facility direction).

Email D – from ODS notifying the facility Disciplinary Hearing Officer that a determination has been made on a PREA investigation involving an inmate (s) and specific action is required.

- Follow standards and policy related to disciplinary sanctions for inmates as detailed below (115.78)

Email E – from ODS notifying the PREA Manager to contact the investigative agency to obtain the results of the PREA case identified below. (115.73).

- Contact investigative agency and document status.

The agency aggregated incident-based sexual abuse data at least annually.

- C. 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.
- D. The agency maintains, reviews, and collects data as needed from all available incident- based documents, including reports, investigation files, and sexual abuse incident reviews.
- E. The agency also obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

- F. Upon request, the agency will provide all such data from the previous calendar year to the Department of Justice no later than June 30.

## Standard 115.88: Data review for corrective action

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 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 ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 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 ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 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 ☐ No

#### 115.88 (b)

- 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 ☐ No

#### 115.88 (c)

- 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 ☐ No

#### 115.88 (d)

- 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 ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documents, Interviews and Observations:

1. MTC July 7, 2017 PREA Report
  2. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* (A1, B1, C1, C3, D1, D2) –August 1, 2017
  3. Pre-Audit Questionnaire/Adult Prisons & Jails
  4. MTC PREA Annual Report (B1, C2, E1, E2, F1)
    - a. MTC Report of 2017 PREA Allegations and Investigation Results
    - b. MTC Report of 2016 PREA Allegations and Investigation Results
    - c. MTC Report of 2015 PREA Allegations and Investigation Results
    - d. MTC Report of 2014 PREA Allegations and Investigation Results
    - e. MTC Offender Data System
    - f. Demographics of MTC Operated Facilities
    - g. Summary of Facilities Reports
    - h. Agency Progress Assessment
    - i. MTC Offender Data System (ODS) Generated Automated Emails
      - i. MTC Automatic Email A
      - ii. MTC Automatic Email B
      - iii. MTC Automatic Email C
      - iv. MTC Automatic Email D
      - v. MTC Automatic Email E
    - j. Note: The questions correspond with the Survey of Sexual Victimization conducted by the BJA/ Department of Justice.
  5. MTC PREA Website (C1)
  6. Interviews:
    - a. Agency head
    - b. Agency PREA coordinator
    - c. Agency assistant PREA coordinator
    - d. Warden
    - e. Facility PREA compliance manager
- A.** The MTC and the ICAPP review data collected and aggregated under § 115.87 to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices, and training, including by identifying problem areas, taking corrective action on an ongoing basis. Interviews reveal that the MTC prepares an annual report of its findings and corrective action that includes the ICAPP and the agency.

- B. The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.
- C. The report is approved by the MTC agency head and made readily available to the public through its website.
- D. The MTC redacts specific material from the reports that would present a clear and specific threat to the safety and security of a facility.

**Interview Results:**

- The agency head indicated that the annual review has been conducted each year since MTC began publishing reports in 2012. MTC plan to publish the report for the 2018 calendar year prior to June 30, 2019. The agency head have designated the PREA coordinator with the responsibility to:
  - Identify areas of noncompliance with policy,
  - Analyze trends in allegations of sexual abuse and harassment, as well as investigative determinations,
  - Collaborate on best practices,
  - Develop solutions based on consideration of various constraints,
  - Provide the field with clarification through interpretive guidance, and
  - Oversee the implementation of agreed upon decisions related to necessary changes to policy, physical plant, staffing and/or training.
- The agency head indicated yes; he is the approving authority for annual reports.
- The agency PREA coordinator indicated that MTC makes aggregate data available and redacts facility specific data. Should MTC have any personally identifiable information in the reports or material that presents a clear and specific threat to the safety and security of a facility, such information would be redacted. The nature of the redacted information will be noted.
- The agency PREA coordinator indicated yes to the agency reviewing data collected and aggregated. MTC annual review is scheduled to take place March 2019 for the 2018 calendar year. MTC have developed a data collection instrument that mirrors the DOJ Survey of Sexual Victimization.

When responding to the question of how does the agency ensure that data collected to 115.87 are securely retained? Weekly tapes will be encrypted and stored off-site at a secure facility. Prior to off-site storage, tapes are logged for accountability, and then transported

in metal boxes to the facility. Backups are verified through daily reports (MTC Policy 600.6 Backup and Storage of Corporate Information).

- The agency PREA coordinator indicated yes when the agency will take correction actions on an ongoing basis on the data. Action is taken whenever there is an issue that requires remediation in accordance with 115.13.
- The agency PREA coordinator indicated yes to the agency preparing an annual report. MTC annual review was completed in March 2019 for the 2018 calendar year.
- Interviewed staff indicated that the facility annual report of finding for its data review and any corrective actions is a part of the agency annual report.

## Standard 115.89: Data storage, publication, and destruction

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? ☒ Yes ☐ No

#### 115.89 (b)

- 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 ☐ No

#### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

#### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)



## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documents, Interviews and Observations:

1. Idaho CAPP Memo: MTC Offender Data System
2. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons*, –August 1, 2017
3. Pre-Audit Questionnaire/Adult Prisons & Jails
4. Interviews:
  - a. Agency PREA coordinator
  - b. Warden
  - c. Facility PREA compliance manager

- A. MTC's, the parent company, aggregates sexual abuse data from the ICAPP, and under its direct control is made readily available to the public at least annually through its website. Before making aggregated sexual abuse data publicly available MTC removes all personal identifiers.
- B. The agency maintains sexual abuse data collected for at least ten years after the date of initial collection.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.) ☒ Yes ☐ No ☐ NA

##### 115.401 (b)

- During each one-year period starting on August 20, 2013, 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? ☒ Yes ☐ No

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, inmates, and detainees? ☒ Yes ☐ No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documents, Interviews and Observations:

1. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* –August 1, 2017
2. Agency Website
3. Interviews:
  - a. Agency assistant PREA coordinator
  - b. Warden
  - c. Facility PREA compliance manager

- A. The agency has ensured that each facility operated by the agency is audited at least once every three years. The agency ensures that a third of each facility type is audit every year as well.
- B. The agency and/or facility demonstrated compliance with the PREA standards by submitting policies, procedures, reports, internal and external audits, and accreditations of the most recent one-year period. The auditor conducted on-site visit that included sampling of relevant documents, other records, additional information for the 12-month timeframe.
- C. During the on-site audit, the auditor was given access to all areas of the facility, site observation; the auditor requested and received copies of relevant documents to include electronically stored information.
- D. The auditor has retained and preserves documentation used to make audit determinations and the documentation is available to the Department of Justice upon request.
- E. The auditor interviewed representative samples listed below and was permitted to conduct all formal interviews privately.
  - Agency and facility leadership
  - Random staff
  - Specialized staff
  - Supervisors
  - Administrators
  - Random inmates
  - Targeted inmates
- F. The PREA Audit Notice was posted to permit inmates to send confidential information or correspondence to the auditor. The auditor reached out and attempted to communicate with community-based advocates who have insight into relevant conditions in the facility.

**Interview Results:**

- Interview with MTC has indicated that the agency has conducted the required PREA Audits every year. The agency has ensured that at least one-third of each type is audited.

## Standard 115.403: Audit contents and findings

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documents, Interviews and Observations:

1. Management and Training Corporation (MTC) Policy 903E.02 *Ensuring Safe Prisons* -August 1, 2017
2. Agency Website
3. Interviews:
  - a. Agency assistant PREA coordinator
  - b. Warden
  - c. Facility PREA compliance manager

- A.** This report describes in the narrative the methodology, sampling sizes, and the basis for the auditor's conclusions provide such information to the agency upon request, and may provide such information to the Department of Justice.

### Interview Results:

- Interview with MTC and a review of the agency website indicated that the agency has made publicly available all PREA audits as required by standard.

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Adam T. Barnett, Sr.

8/9/19

**Auditor Signature**

**Date**

<sup>1</sup>See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup>See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.