

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report March 3, 2020

Auditor Information

Name: Cynthia Malm	Email: cmalm@idahosheriffs.org
Company Name: Idaho Sheriffs' Association	
Mailing Address: 3100 Vista Ave., Ste. 203	City, State, Zip: Boise, Idaho 83705
Telephone: 208-346-1065	Date of Facility Visit: October 15 – 17, 2019

Agency Information

Name of Agency: Owyhee County Sheriff's Office		Governing Authority or Parent Agency (If Applicable): Owyhee County	
Physical Address: 20381 State HWY 78		City, State, Zip: Murphy, Idaho 83650	
Mailing Address: P.O. Box 128		City, State, Zip: Murphy, Idaho 83650	
Telephone: 208-495-1154		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: Click or tap here to enter text. The men and women of the Owyhee County Sheriff's Office are committed to be a caring and sensitive organization dedicated to the concepts of personal excellence, continuous improvement, teamwork, and service to our community. Therefore, we will strive to be part of the community we serve so we can better understand our community's needs and protect the quality of life we all enjoy. We take pride in our organization, our professional accomplishments, and our abilities. With an open partnership with our community, we will better meet our responsibilities of protecting our citizens.

Agency Website with PREA Information: Owyheecounty.net

Agency Chief Executive Officer

Name: Perry Grant	Title: Sheriff
Email: pgrant@co.owyhee.id.us	Telephone: 208-495-1154

Agency-Wide PREA Coordinator

Name: Steven Crawford	Title: Sgt./Jail Commander
Email: scrawford@co.owyhee.id.us	Telephone: 208-495-1154
PREA Coordinator Reports to: Lt. James Vincent, Jail Administrator	Number of Compliance Managers who report to the PREA Coordinator: None

Facility Information

Name of Facility: Owyhee County Detention Center			
Physical Address: 20381 State HWY 78, Murphy, ID 83650			
Mailing Address (if different than above): P.O. Box 128, Murphy, ID 83650			
Telephone Number: 208-495-1154			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Jail	<input type="checkbox"/> Prison	

Facility Mission: This department constitutes an organization whose very existence is justified solely on the basis of community service. While department regulations provide a working platform, our official activity must not be confined within the limited area described herein. That portion of police service dealing with criminal activity is only a small part of our overall responsibility. Our broad philosophy must be a wholehearted determination to protect and support individual rights while at all times providing for the security of persons and property in the community.

Facility Website with PREA Information: Owyheecounty.net

Warden/Superintendent

Name: James Vincent	Title: Lt./Jail Administrator
Email: jvincent@co.owyhee.id.us	Telephone: 208-495-1154, Ext. 105

Facility PREA Compliance Manager

Name: None	Title: Click or tap here to enter text.
Email: Click or tap here to enter text.	Telephone: Click or tap here to enter text.

Facility Health Service Administrator

Name: P.A. Eric Wells	Title: Physician's Assistant
------------------------------	-------------------------------------

Email: eric@sawtoothcorrectionalmed.com		Telephone: 208-286-5659	
Facility Characteristics			
Designated Facility Capacity: 40		Current Population of Facility: 23	
Number of inmates admitted to facility during the past 12 months			562
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			40
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			395
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	Youthful Inmates Under 18: Click or tap here to enter text.	Adults: 18 to 76	
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:			N/A
Facility security level/inmate custody levels:			Minimum, Medium, Maximum
Number of staff currently employed by the facility who may have contact with inmates:			9
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			2
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			2
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 1	
Number of Multiple Occupancy Cell Housing Units:		7	
Number of Open Bay/Dorm Housing Units:		0	
Number of Segregation Cells (Administrative and Disciplinary):		2 in one of the above housing units	
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.): The facility has cameras in each housing unit except 400 which houses inmate workers. There are cameras in the holding cell and the detox cell. Cameras are all around the building and are monitored in Dispatch which has full view of the detention center through windows. The cameras can be viewed on all computers and the Jail Administrator can also view them on his phone.			
Medical			
Type of Medical Facility:		In-House	
Forensic sexual assault medical exams are conducted at:		St. Alphonsus Medical Center in Nampa, ID	

Other**Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:****4****Number of investigators the agency currently employs to investigate allegations of sexual abuse:****1 criminal and 3 administrative**

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 Prison Rape Elimination Act (IPREA) on-site audit of the Owyhee County Detention Center in Murphy, Idaho was conducted on October 15 - 17, 2019 by Cynthia Malm from Pocatello, Idaho, a U.S. Department of Justice Certified PREA auditor for adult facilities. Pre-audit preparation included a thorough review of all documentation and materials submitted by the facility on a flash drive along with the data included in the completed IPREA Pre-Audit Questionnaire. The auditor reviewed documentation that included agency policies and procedures, forms, education materials, training curriculum, organizational charts, mission statements, posters, inmate handbooks, flyers, website information, and other IPREA related materials that were provided to demonstrate compliance with the IPREA standards. This review prompted a series of questions that were noted on the auditor's compliance tool and the auditor posed the questions to the IPREA Coordinator at the on-site audit.

An entrance meeting was held with Chief Deputy Lynn Bowman, Lt. James Vincent, Jail Administrator, Sgt. Steven Crawford, Jail Commander/PREA Coordinator, and Deputy Jessie Will, PREA Coordinator's Assistant at 8:30 a.m. on October 15, 2019. Lt. Vincent, Sgt. Crawford, and Deputy Will provided the auditor a list of all staff of the facility and their schedules, including specialized staff, and a list of all of the inmates in the facility and where they were housed. The auditor explained the process of the audit and answered any questions the agency had about the audit process.

During the three days of the on-site audit, the auditor was provided a private room outside the secure perimeter from which to work and conduct confidential interviews with staff. The auditor was also provided a private room within the secure perimeter to conduct confidential interviews of inmates. Formal personal interviews were conducted with specialty staff, random facility staff, randomly selected inmates, and contract employees. The auditor interviewed a total of ten inmates who were randomly selected from six housing units in the jail. There were no youthful, gay, lesbian, bisexual, transgender, limited English proficient, or disabled inmates incarcerated in the facility to interview. Two inmates who reported sexual abuse in the community at intake were interviewed and both confirmed they were offered follow-up counseling at intake and both refused. There were no inmates in segregated housing who had been a victim of sexual abuse for the auditor to interview. Inmates were interviewed using the recommended DOJ protocols that question their knowledge of a variety of IPREA protections, generally and specifically, their knowledge of reporting mechanisms available to inmates to report abuse or harassment. All of the inmates the auditor interviewed acknowledged that they had received training on IPREA at booking, or shortly after, in the form of a flyer explaining their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting a sexual abuse or sexual harassment, and how to report a sexual abuse or sexual harassment. They all agreed they watched an IPREA video after booking and it is played weekly in the housing units. All inmates stated there are posters everywhere that explain their rights against sexual abuse and sexual harassment and how to report an incident. The inmates were very positive about their treatment at the Owyhee County Detention Center and stated the deputies would not tolerate any form of sexual abuse or sexual harassment of inmates.

The auditor interviewed five staff members representing two-day shifts (6:00 a.m. to 6:00 p.m. and two-night shifts, 6:00 p.m. to 6:00 a.m.) The facility has nine total staff members assigned to it, had one on vacation, and the Jail Administrator and Jail Commander/PREA Coordinator had several sets of questions that needed to be answered. The auditor also interviewed five specialty staff, including a shift supervisor, one medical provider (contract staff), one advocate, The PREA Coordinator's Assistant, and one investigative staff. Owyhee County Detention Center is a small facility so the detention deputies do all of the jobs in the facility and are not designated to individual specialty jobs. Therefore, the auditor divided the specialty questions among the staff. Also interviewed were the Sheriff, Jail Administrator, and the Jail Commander/IPREA Coordinator. Staff were interviewed using the DOJ protocols that question their IPREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to inmates and staff, the response protocols when an inmate alleges sexual abuse or sexual harassment, and first responder duties. There are no SAFE or SANE employees at the facility as they are made available at St. Alphonsus Medical Center in Nampa, Idaho. All staff were very knowledgeable about IPREA and their responsibilities in preventing, detecting, and reporting sexual abuse and sexual harassment. All confirmed that they have yearly training on those responsibilities. The auditor reviewed random staff training records, rosters for attendance at PREA/IPREA training and the curriculum taught at the training to determine compliance with training mandates. Case files for five inmates in the facility were reviewed to evaluate screening and intake procedures, inmate education, and inmate signatures of acknowledgement. Classification records of inmate education, risk assessments, and housing decisions were also reviewed. When the inmate sees the video after booking, he or she receives a half circle blue sticker on the file and when the inmate receives a reassessment screening within 30 days, he or she receives the other half of the circle.

Following the entrance meeting, the auditor toured the facility from 10:00 a.m. to 11:30 p.m. and was escorted by Lt. James Vincent, Jail Administrator and Sgt. Steven Crawford, Jail Commander/PREA Coordinator. During the tour, the auditor reviewed the booking process, observed the facility configuration, camera and mirror placement throughout the facility, blind spots, staff placement for supervision of inmates, toilet and shower areas, notices posted throughout the building and documentation to assist in determining compliance with the standards. The auditor noted that shower areas allow inmates to shower separately and some shower stalls have metal walls for privacy and the female shower has a shower curtain. All of the deputies are male. Openings to the showers are open but out of view of windows and entrances and cannot be seen by the opposite gender. Toilets are inside the individual cells and are blacked out on the cameras. Female inmates said when they use the toilet, they close the door and put a cover over the window. Staff are announcing when they enter units of the opposite gender but can hear someone in the shower and see if someone is using the toilet by viewing the closed door. The auditor reviewed the camera views and verified that toilets and showers were not monitored by the cameras. The Jail Administrator, Jail Commander, and auditor identified two blind spots in the facility that will need to be fixed. The first blind spot is in the kitchen pantry where there is no camera and no view of what is happening in the pantry. A camera does face the open door of the pantry and inmates work in the kitchen. The Detention Center will create policy that there can never be more than one person at a time in the pantry or other room that has no camera in it. The camera facing the open door will record if two or more people enter the pantry and disciplinary action will be taken on the persons violating the policy. The second blind spot was the hallway leading to the kitchen and inmate worker breakroom where there is no camera to see what is happening in the hallway. There is a camera that can be moved to see the entrance in the jail and also show footage of the hallway to the kitchen. Notices of the IPREA audit were posted throughout the facility in the housing units and were posted September 28, 2019. During the tour, the auditor was given privacy to talk informally to staff and inmates in the booking room, housing units, program areas, and work areas. The auditor interviewed staff members working their posts to ask questions about their positions, procedures in their areas, and how their areas contributed to protection from sexual abuse and sexual harassments.

Throughout the three days of the audit, the auditor reviewed questions noted on the auditor's compliance tool with Lt. Vincent, Sgt. Crawford, and Deputy Will and reviewed additional documentation to verify compliance with the standards.

At the conclusion of the on-site visit, an exit meeting was held at 12:35 p.m. on October 17, 2019 between the auditor, Sheriff Perry Grant, Lt. James Vincent, Sgt. Steven Crawford, Cpl. Travis Leedom, and Deputy Jessie Will to discuss the audit findings and possible corrective actions that could be taken by the facility to achieve compliance with the standards that were not met.

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.

The Owyhee County Sheriff's Office operates the Owyhee County Detention Center which is an indirect detention facility with a rated capacity of 40 beds. The count on the day of the audit was 23 inmates. Female inmates are usually placed in one indirect housing unit, sometimes two housing units, depending on housing needs. Special needs inmates are placed in one indirect housing unit, medium/minimum custody males are placed in one indirect housing unit. Inmate workers are placed in one indirect housing unit. No juveniles are held in the facility.

The Owyhee County Detention Center consists of one building and is located at 20381 State Highway 78, Murphy, Idaho 83650. The facility houses male and female adult inmates. New arrests are brought into the Detention Center through the back-sally port. The inmate is pat searched in the holding cell, then taken to a dressing area where they are given county issue clothing to wear and their personal clothing/items are stowed and inventoried. Once they are completed in dressing, they are escorted from the back-sally port, down the medical hallway and into the booking area when they are placed in a detox cell where they await processing. Directly across from the detox cell is the Detention Center's booking window/area, which is also a shared area for the Dispatchers for the Sheriff's Office. To the east of the booking area is the medical room, across from the medical room is the laundry room, and further down the hall is a restroom, and the kitchen area that consists of a janitor closet, inmate worker break room, pantry, and sally port for kitchen deliveries. The main entrance to the Detention Center is in the medical hallway. To the west of the booking area is where the different housing units are located. Through the booking/housing door there is a hallway that goes around the Dispatch/Detention Deputy pod. The first housing unit is Pod 100 and is currently a female pod, which consists of 12 beds in four different three person cells. Next is Pod 200 which is currently a medium/minimum male pod, which consists of three bunks, two bunks in cell 201 and one bunk in cell 202. Next is Pod 300 which is a dormitory style pod that consists of seven separate bunks and is where maximum security male inmates are housed. Pod 400 is our inmate worker pod, which consists of two separate cells both of which have two bunks for a total capacity of four inmates. Next is the indoor and outdoor exercise area and within the indoor exercise area is a door to access the court hallway so inmates don't have to leave the Detention Center to access the court room. Next is the library, which also consists of the law library. Continuing around the Control Room are Pods 500, 600, 700 and the visiting areas. At the end of the hallway is a Detention Center entry door that leads directly into the Sheriff's Office lobby. Pod 500 is a two-bunk medium/minimum dorm style pod. Pod 500 is used to house weekenders and work release inmates to keep them separated from general population inmates. Pod 600 is a medium/minimum male pod which consists of a ten-bunk sleeping area and a dayroom area. Pod 700 is for special management inmates that consists of two separate single bunk cells. After 700 is the visiting and attorney visiting areas.

The building is monitored and operated from the Dispatch/Detention Deputy pod. This is the location where Detention Deputies can physically observe the different housing units, exercise, library, and visiting areas. At the two separate jail booking desks, Deputies have visual access to the different cameras that have been strategically placed throughout the inside and outside of the Detention Center for observation of inmates and operations from within the Detention Center and around the exterior of the Sheriff's Office, Detention Center, and Courthouse. This is the same location where the control panels are for all doors, lights, and intercom systems throughout the Detention Center. Detention deputies have keys to access the internal doors of the

Detention Center, but all external doors have to be opened from within the secure Dispatch/Deputy pod which is staffed at all times.

The Owyhee County Detention Center is attached to the Sheriff's Office and inmates only have access to the Sheriff's Office if they have direct supervision, and that only occurs on special occasions when talking with attorneys and detectives while in the interview room which is located by the Sheriff's and Chief Deputy's offices.

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: 5

115.31, 115.41, 115.42, 115.67, 115.73

Number of Standards Met: 38

115.11, 115.12, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.32, 115.33, 115.34, 115.35, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.68, 115.71, 115.72, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.89, 115.401, 115.403

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

115.12(c) requires the facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect inmates against sexual abuse. The Owyhee County Detention Center has a detailed development plan but doesn't have an actual staffing plan. The Owyhee County Detention Center will create a staffing plan for the day-to-day operations and will send the staffing plan to the auditor within 180 days of the date of this interim report.

The Owyhee County Detention Center has done a good job of placing cameras around the building to prevent blind spots but there are still two significant blind spots in the facility where there are often two or more people. The blind spots are in the kitchen pantry and the hallway leading to the kitchen. The Sheriff and Detention Center will look at creating policy that prohibits more than one person being in the pantry at one time and moving an existing camera to view the hallway to the kitchen or consider other means that will correct the blind spots. This correction should be sent to the auditor within 180 days of the date of this interim report.

115.12(d) requires at least once every year the facility/agency, in collaboration with the IPREA Coordinator, reviews the staffing plan to see whether adjustments are needed. Reviews of the development plan were done but since there is not staffing plan, reviews have not been done. The Owyhee County Jail Administrator/IPREA Coordinator will create a staffing plan and will document the review that is done to create the staffing plan. This corrective action will be completed within 180 days of the date of this interim report and the documentation sent to the auditor.

Successfully corrected March 3, 2020

115.15(f) requires staff to have training in conducting cross gender and transgender pat down searches in a professional manner such as the NIC online course, "Guidance on Cross Gender and Transgender Pat Searches." The Owyhee County Detention Policy requires this be done but interviews with staff confirmed that it has not been done. The Detention Center will ensure that all deputies have taken training on this subject and will maintain successful completion of the training. Verification that the Detention Deputies have taken the training will be sent to the auditor within 180 of the date of this interim report.

Successfully corrected March 3, 2020

115.17(f) requires the facility to ask applicants and employees who may have contact with inmates directly about previous misconduct in either hiring applications, interview and hiring boards, or in self-evaluations. The Owyhee County Detention Center Policy states that it will do this. However, there is nothing in place for regular disclosures at self-evaluations, promotion boards, or other avenues. The Owyhee County Detention Center will amend its policy to specifically require when the question will be asked of applicants and current employees and will develop questions to ask in the hiring interview boards, promotion boards, and yearly PREA training. The Owyhee County Detention Center will send the amended policy and documentation confirming procedures are in place to the auditor within 180 days of the date of this interim report.

Successfully corrected March 3, 2020

115.31(e) requires that staff sign that they understand the training they have received. The Owyhee County Detention Center will create a Training Acknowledgement Form to require employees sign the exact training they receive and that they understand the training they have received. This revised form will be sent to the auditor within 180 days of the receipt of this interim report.

Successfully corrected March 3, 2020

115.34 requires all investigators to take specialized training for sexual abuse of inmates in a confinement setting. All of the Administrative Investigators have taken the NIC online course, "Investigating Sexual Abuse in a Confinement Setting" but the Criminal Investigator has not taken a specialized course. The Owyhee County Detention Center will ensure that the agency's Criminal Investigator take the online course and will send the documentation of successful completion to the auditor within 180 days of the date of this interim report.

Successfully corrected March 3, 2020

115.41(d) requires the intake screening shall consider certain criteria to assess inmates for risk of sexual victimization including whether the inmate has a mental, physical, or developmental disability and the age of the inmate. The Owyhee County Detention Center screening forms consider mental or physical disability but not developmental. The screening forms also consider inmates who are under the age of 18 and are between 18 and 21 years of age but don't consider the elderly who can also be at risk of sexual abuse. The Detention Center will add developmental disability to #1 of the criteria and will add elderly to #2 of the criteria of the screening forms. The revised forms will be sent to the auditor within 180 days of the date of this interim report.

Successfully corrected March 3, 2020

115.63(d) requires the facility head or agency office that receives, from another agency, notification of an allegation of sexual abuse that occurred in the Owyhee County Detention Center shall ensure that the allegation is investigated in accordance with these standards. The Owyhee Detention Center will revise the policy to include this standard and will send a copy of the revised policy to the auditor within 180 days of the date of this report.

Successfully completed March 3, 2020

115.71(b) requires all investigators to take specialized training for sexual abuse of inmates in a confinement setting. All of the Administrative Investigators have taken the NIC online course, "Investigating Sexual Abuse in a Confinement Setting" but the Criminal Investigator has not taken a specialized course. The Owyhee County Detention Center will ensure that the agency's Criminal Investigator take the online course and will send the documentation of successful completion to the auditor within 180 days of the date of this interim report.

115.71(f) requires administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse or shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and

investigative facts and findings. The Owyhee County Detention Center will add this to its IPREA policy and will send a copy of the revised policy to the auditor within 180 days of the date of this interim report.

Successfully completed March 3, 2020

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.

115.11(a) The Owyhee County Detention Center has implemented a zero-tolerance policy as detailed in Policy 15.1 which comprehensively outlines the agency's approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. The policy contains necessary definitions and descriptions of the agency strategies and responses to sexual abuse and harassment. And, the policy details what sanctions are imposed for those found to have participated in prohibited behaviors. This policy forms the foundation for the program's training efforts with inmates, staff, volunteers, contractors, and others. All interviews reflected that staff and inmates are aware of this zero-tolerance policy.

115.11(b) The facility has designated an upper-level, agency-wide IPREA Coordinator to oversee policy and procedure development and operations in reference to sexual abuse and sexual harassment. The IPREA Coordinator is Sgt. Steven Crawford who is also the Jail Commander. Deputy Jessie Will assists Sgt. Crawford with his IPREA Coordinator responsibilities. Sgt. Crawford indicated that he does have sufficient time and authority to develop, implement, and oversee the agency's efforts to bring the Owyhee County Detention Center into compliance with the IPREA standards with Deputy Will assisting. Sheriff Perry Grant confirmed that the Detention Center has full support of the Owyhee County Sheriff's Office in all their efforts to bring the Owyhee County Detention Center into compliance with the IPREA standards. The organizational chart shows the position of the IPREA Coordinator and the Coordinator reports to the Jail Administrator who, in turn, reports to the Chief Deputy and the Sheriff.

115.11(c) The Owyhee County Sheriff's Office operates only one facility and has not assigned anyone to be an IPREA Compliance Manager.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center Policy 15.1
Interview with Sheriff Perry Grant
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Owyhee County Sheriff's Office Organizational Chart

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.

115.12(a-b) The Owyhee County Detention Center does not contract with external facilities to house or confine any of its inmates and there haven't been any contracts of this type during the twelve months prior to the IPREA audit. This standard is, therefore not applicable to the Owyhee County Detention Center.

POLICY, MATERIALS, INTERVIEWS, AND OTHER EVIDENCE REVIEWED:

Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant

Standard 115.12: Supervision and monitoring

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

115.12 (c)

- 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

115.12 (c)

- 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

115.12 (d)

- 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

115.12 (e)

- 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.

115.12(c) The Owyhee County Detention Center IPREA Policy 15.1 ensures that the facility develops, documents, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect inmates against sexual abuse. The Detention Center had a very detailed development plan to show what ideal staffing would be. The Detention Center was using this as their staffing plan but it does not meet the needs of the staffing plan. The development plan requires a minimum of two detention staff on each shift. Policy says in calculating adequate staffing levels and determining the need for video monitoring, the facility takes into consideration the eleven mandatory elements and considerations required by this IPREA Standard:

- (1) Generally accepted detention and correctional practices;
- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies;
- (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated);
- (6) The composition of the inmate population;
- (7) The number and placement of supervisory staff;
- (8) Institution programs occurring on a particular shift;
- (9) Any applicable State or local laws, regulations, or standards;
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (11) Any other relevant factors.

However, there was no actual staffing plan in place at the time of the audit, only a development plan. Therefore, the auditor finds that the Owyhee County Detention Center does not meet this part of the standard.

Two blind spots in the facility were identified where one or more persons could completely avoid being seen on camera. There was a significant blind spot in the kitchen pantry where there is no camera. The room is large and could easily be used for activities that allow inmates or staff to be hidden. Inmates work in the kitchen and do all the cooking while staff do periodic checks on them and they are on camera in the kitchen. There is a camera that shows who enters the pantry but does not show any activity in the pantry. Lt. James Vincent and Sgt. Steven Crawford discussed with the auditor the creation of a policy that prohibits more than one person in the pantry at a time. Violators can be seen on camera entering the pantry and disciplinary action will be imposed on anyone who violates the policy.

The second blind spot was in the hallway leading from the Detention Center entry to the kitchen and inmate break room. There is no camera in the hallway and there is a significant amount of space in the hallway that cannot be seen by staff. Lt. Vincent and Sgt. Crawford stated that there are already plans to move the camera at the entry so that it can see the hallway in addition to the entry.

Because of the two blind spots, the auditor finds that the Owyhee County Detention Center does not meet the requirement of #5 of this IPREA standard.

Lt. Vincent and Sgt. Crawford confirmed there were no deviations of two shift personnel on a shift. They kept a log of which deputies took off the shift and why. However, they cover the shift to maintain two deputies by trading shifts, rearranging shifts, and paying overtime. The facility has in place procedures to ensure all positions are covered and there are never less than two deputies on shift.

115.12(d) Owyhee County Detention Center Policy 15.1 requires the staffing plan is reviewed once a year to determine if it is still adequate to meet the needs of the Owyhee County Detention Center and protect inmates from sexual abuse. Policy states that "Whenever necessary, but no less frequently than once a year, the Jail Commander, in consultation with the IPREA Coordinator, shall assess, determine, and document whether adjustments are needed to the staffing plan." A detailed development process was provided to show how the basis of a staffing plan was formulated. However, there is no staffing plan or documentation for the review of the staffing plan. Therefore, the auditor finds that the Owyhee County Detention Center does not meet this part of the standard.

115.12(e) The Owyhee County Detention Center has detailed in Policy 15.1 the practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The policy states that "Intermediate level or higher-level supervisors will conduct and document unannounced rounds on all shifts to identify and deter staff sexual abuse and sexual harassment on all shifts. The Jail Commander, Corporal's, and Field Training Officers will conduct these checks." The policy states that the rounds will be done once each shift for a minimum of three shifts a week. A review of the documentation of unannounced supervisor rounds confirmed that the rounds are done randomly and frequently on all shifts. This was also verified through formal interviews with random staff and supervisors. Interviews and policy also confirmed that the rounds are unannounced and staff are prohibited from alerting other staff that the rounds are taking place. Normally the rounds are done by a supervisor on shift who also does regular security checks. So, the other deputies on shift do not know when an unannounced IPREA round is taking place.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center Policy 15.1
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Idaho Jail Standards
Staffing Plan Development Documentation
Schematic plan of where the cameras are placed
Documentation evidencing the conduct of unannounced supervisor rounds on every shift
Formal interviews with random staff and intermediate or higher-level staff
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant
Owyhee County population report for 2018 - 2019

CORRECTIVE ACTION REQUIRED:

1. The Owyhee County Detention Center should develop a staffing plan for day-to-day operations.
2. The Owyhee County Detention Center, in consultation with the Owyhee County Sheriff, should create policy that prohibits more than one person to be in the kitchen pantry at a time.
3. The Owyhee County Detention Center, in consultation with the Owyhee County Sheriff, should move the camera in the entry of the Detention Center so that it can also view down the hallway to the kitchen.
4. The Owyhee County Detention Center Jail Administrator/IPREA Coordinator should do an annual review of the staffing plan when it is created and document the review and whether any changes are needed to the plan.

The staffing plan and review should be completed within 180 days of the date on this interim report and sent to the auditor for review.

The blind spots should be fixed either as stated or any other way that sufficiently fixes the blind spots. Verification of the fix to the blind spots should be sent to the auditor within 180 days of the date on this interim report.

VERIFICATION OF CORRECTIVE ACTION SINCE THE AUDIT:

On February 21, 2020, the Owyhee County Detention Center sent the auditor verification and copies of documentation that the corrective action noted in the interim report has been corrected as follows:

1. The Owyhee County Detention Center has developed and reviewed a staffing plan and the review is dated 1/15/2020.
2. The Owyhee County Detention Center has created a policy that prohibits inmates and staff from being together outside camera views or view of other staff.

The auditor has reviewed all of the documents that were sent and the Owyhee County Detention Center is now fully compliant with this 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.

The Owyhee County Detention Center reports that it does not house youthful inmates in the facility at any time. Therefore, there is no policy for this standard.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center Policy 5.1
Interview with Lt. James Vincent Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Owyhee County Detention Center Population Report for 2018 - 2019

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.

115.15(a) The Owyhee County Detention Center's Policy 15.1 details that cross gender strip searches and cross gender visual body cavity searches are prohibited except in exigent circumstances. Only medical practitioners can perform intrusive or invasive body cavity searches under all circumstances. There were not any cross-gender strip searches done in the 12 months prior to the audit for the auditor to review.

115.15(b) The Owyhee County Detention Center's Policy 15.1 states that cross gender pat down searches of female inmates by male staff are prohibited except in exigent circumstances. There are no female deputies who work in the Detention Center but female dispatchers are used for pat down searches of female inmates. In the 12 months prior to the audit, no cross-gender pat down searches of female inmates were done. The policy states that if a cross gender pat down search must be done, the staff member will obtain supervisory permission before conducting the pat down search. Policy 15.1 and interviews with female inmates confirmed that female deputies conduct all pat down searches of female

inmates and the facility does not restrict female inmate's programming or other out-of-cell activities when a female deputy is not available to conduct a pat down search.

115.15(c) The Owyhee County Detention Center's Policy 15.1 requires that all cross-gender strip searches of male and female inmates and all cross-gender pat down searches of female inmates must be documented. There weren't any cross-gender searches done during the twelve months prior to the audit so the auditor had no documentation to review.

115.15(d) The Owyhee County Detention Center's Policy 15.1 and practice ensures that inmates are able to shower, perform bodily functions, and change clothing with privacy. The policy details the exigent circumstances that would be required for staff of the opposite gender to deviate from this policy. Policy requires announcement when staff of the opposite gender enter the housing unit and the auditor observed the announcements being done. Staff also confirmed they announce every time they enter the housing unit of cross gender inmates. The inmates stated the staff are very respectful of their privacy.

115.15(e) Owyhee County Detention Center policy and practice prohibit searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Interviews with staff confirmed they knew the policy and no searches of this type have been done.

115.15(f) The Owyhee County Detention Center has not provided training that explains how to conduct cross gender searches of inmates in a professional manner. Deputies do receive the training during the Basic Detention Academy at P.O.S.T. of how to conduct cross gender and transgender pat down searches but none have taken training within the facility. Therefore, the auditor finds that the Owyhee County Detention Center does not meet this part of the standard.

There were no transgender or intersex inmates in the facility at the time of the audit.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center's Policy 15.1
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant
Interviews with random inmates and staff
Idaho P.O.S.T. PREA training curriculum

CORRECTIVE ACTION REQUIRED:

1. The Owyhee County Detention Center should provide training to the Detention Deputies on how to conduct pat down searches on cross gender and transgender inmates in a professional manner. The Detention Center stated they will require all of the Detention Deputies to take the NIC online course, "Guidance on Cross-Gender and Transgender Pat Searches."

2. The Owyhee County Detention Center will maintain documentation of the Detention Deputies completing the required training.

Verification that all Detention Deputies have completed training on how to conduct cross gender and transgender pat down searches will be sent to the auditor within 180 days of the date on this interim report.

VERIFICATION OF CORRECTIVE ACTION SINCE THE AUDIT:

On February 21, 2020, the Owyhee County Detention Center sent the auditor verification and copies of documentation that the corrective action noted in the interim report has been corrected as follows:

1. The Owyhee County Detention Center has provided training to all the staff on how to conduct cross-gender pat down searches and searches of transgender and intersex inmates.
2. The Owyhee County Detention Center is maintaining documentation of the deputies taking the training and has sent that documentation to the auditor.

The auditor has reviewed all of the documents that were sent and the Owyhee County Detention Center is now fully compliant with this standard.

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.

115.16(a) The Owyhee County Detention Center Policy 15.1 ensures 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. A staff member will read the information on reporting and responding to sexual abuse or sexual harassment to inmates who have low vision or are blind, are intellectually challenged, or who are illiterate. The facility also has the capability of printing off large print editions of the inmate handbook and PREA information to give to inmates. And, the agency has the PREA information in Braille and has reading glasses available for those who need them. The Medical Provider would be used to communicate the information to those with psychological problems or the Provider would refer the inmate to a mental health professional. And, the facility has a verbal agreement with a sign language interpreter to translate to someone who is deaf and cannot read or write.

The Detention Center has posters in Spanish in the housing units and an agreement with a language line to provide interpretation services to inmates who do not speak English. Instructions to staff on how to use the language line are posted on the phone in booking. Interviews with staff confirmed they know how to use the language line, when needed.

At the time of the audit, there were no inmates with disabilities or limited English proficiency in the facility for the auditor to interview.

115.16(b) Owyhee County Detention Center's Policy 15.1 prohibits the facility from using inmate interpreters, readers, or other inmate assistants to assist other inmates in reporting a sexual abuse or sexual harassment except in limited circumstances where safety could be compromised waiting for other assistance. In limited circumstances where inmate interpreters, readers, or other inmate assistants were used, the Detention Center will document the use in their jail management program. The Detention Center reports that there have been no instances in the past 12 months where inmate interpreters have been used to assist other inmates. Interviews with random staff confirmed that inmate interpreters are not used unless there are exigent circumstances and no one could remember a time that inmate interpreters have been used.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center's Policies 15.1
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant
Interviews with random facility staff
Yearly IPREA training curriculum for staff

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.

115.17(a) Owyhee County Detention Center's Policy 15.1 prohibits the hiring, promotion or retention of any employee who may have contact with inmates and will not enlist the services of any contractor that has the prohibited conduct specified in this standard. The background investigation also includes a criminal background check of all applicants for employment or contracting services. In addition to policy, detention deputies are required to be state certified within one year of hire and the Idaho P.O.S.T. Academy requires a thorough background check on any detention employee who will be attending the P.O.S.T Academy.

115.17(b) Policy confirms that Owyhee County Sheriff's Office considers 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.

115.17(c) In addition to conducting criminal background checks prior to hiring an applicant, the Owyhee County Sheriff's Office contacts all prior institutional employers for information on substantiated allegations of sexual abuse or any pending investigations of allegations of sexual abuse. In the past 12 months, two people have been hired who have contact with inmates and they all have had extensive background and criminal history checks completed prior to their hiring.

115.17(d) Owyhee County Detention Center's Policy 15.1 requires that a criminal background records check be completed before enlisting the services of any contractor who may have contact with inmates. In the past twelve months, the Owyhee County Sheriff's Office has not hired any new contractors and, therefore, have not done any criminal background record checks during the last twelve months.

115.17(e) Owyhee County Detention Center's Policy 15.1 requires a criminal background records check on all employees every five years. Background checks were done September 20, 2019 of every employee in the Owyhee County Sheriff's Office and are scheduled to be done again by September 20, 2024.

115.17(f) The Owyhee County Detention Center Policy 15.1, states, "The Sheriff's Office will ask all applicants and employees who may have contact with inmates directly about previous misconduct, as described above, in either written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. Employees have a continuing affirmative duty to disclose any such misconduct".

An interview with Lt. Vincent, Sgt. Crawford, and Deputy Will disclosed that there is nothing on the written application and nothing specific in the procedures for promotion interview boards or employee reviews. Therefore, the auditor finds that the practice does not match the policy and the Owyhee County Detention Center does not meet this part of the standard.

Per policy, employees have a continuing affirmative duty to disclose any misconduct.

115.17(g) The Owyhee County Detention Center's Policy 15.1 states that material omissions regarding such misconduct or provision of materially false information shall be grounds for termination.

115.17(h) Policy requires the Owyhee County Sheriff's Office to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The request is forwarded to the Sheriff, or designee, to provide the response.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center's Policy 15.1
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant
Idaho P.O.S.T. IDAPA Rules
Idaho Jail Standards

CORRECTIVE ACTION REQUIRED:

1. The Owyhee County Detention Center will add to its yearly training form a question that asks each employee to disclose any acts of sexual misconduct or sexual harassment they have

been accused of, participated in, received disciplinary action for, or have been legally charged.

2. The Owyhee County Detention Center will develop questions for the hiring interview board and the promotion boards that asks each applicant to disclose any acts of sexual misconduct or sexual harassment they have been accused of, participated in, received disciplinary action for, or have been legally charged.
3. The Owyhee County Detention Center should revise policy to detail exactly what will be done on hiring boards, promotion boards and yearly requests for disclosure on incidents.

Documentation confirming questions for the interview boards and implemented policy and practices should be sent to the auditor within 180 days of the date of the interim report so that a final report can be issued after the 180-day corrective action period has ended.

VERIFICATION OF CORRECTIVE ACTION SINCE THE AUDIT:

On February 21, 2020, the Owyhee County Detention Center sent the auditor verification and copies of documentation that the corrective action noted in the interim report has been corrected as follows:

1. The Owyhee County Detention Center has added to its yearly training form a question that asks each employee to disclose any acts of sexual misconduct or sexual harassment they have been accused of, participated in, received disciplinary action for, or have been legally charged.
2. The Owyhee County Detention Center has developed questions for the hiring interview board and the promotion boards that asks each applicant to disclose any acts of sexual misconduct or sexual harassment they have been accused of, participated in, received disciplinary action for, or have been legally charged.
3. The Owyhee County Detention Center has revised policy to detail exactly what will be done on hiring boards, promotion boards and yearly requests for disclosure on incidents.

The auditor has reviewed all of the documents that were sent and the Owyhee County Detention Center is now fully compliant with this standard.

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.

115.18(a) The Owyhee County Sheriff's Office and Owyhee County Detention Center hasn't had any acquisitions of new facilities or substantial expansions or modifications of the current Detention Center since it was built.

115.18(b) The Owyhee County Detention Center has both internal and external video camera monitoring. Cameras are positioned on all external entrances and exits from the building. Cameras internally are located in hallways, dayrooms other than Pod 400, holding cells, support services areas, and internal entrances into the building. Cameras were recently added to Pods 200 and 400 and all cameras can be viewed from any computer in the Sheriff's Office and on the Jail Administrator's phone.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Description of camera placement throughout the facility
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Sheriff Perry Grant
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant

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 N/A

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.

115.21(a - b) The Owyhee County Sheriff's Office and Owyhee County Detention Center follow the Idaho Policing Policy protocol and the Lexipol Policy for evidence collection in a sexual assault investigation. This protocol is used by the Owyhee County Detective Division when conducting criminal investigations inside and outside the Jail. The protocol is developmentally appropriate for youth but no youthful inmates are held in the facility. The Owyhee County Detention Center takes inmates to St. Alphonsus Medical Center in Nampa, Idaho for forensic exams and the Hospital has its own uniform evidence collection protocol used for sexual assault exams. This information is based on the policy as there were no forensic medical examinations performed during the twelve months prior to the audit.

115.21(c) Owyhee County Detention Center Policy 15.2 states that all victims of sexual abuse are offered access to forensic medical examinations where evidentiary or medically appropriate. Lt. Vincent, Sgt. Crawford, and Deputy Will explained that these exams will normally be done at St. Alphonsus Medical Center in Nampa, Idaho. The policy states there is no financial cost to the victim. When possible, examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs a forensic medical examination. Attempts to get a SAFE or SANE are documented. This information is based on the policy as there were no forensic medical examinations performed during the last twelve months.

115.21(d) The Owyhee County Detention Center has an MOU with Nampa Family Justice Center, located in Nampa, Idaho to provide rape crisis services to victims of sexual assault. Nampa Family Justice Center has a crisis hotline Monday through Friday from 8:00 to 5:00 that inmates can call free of charge and the calls are not recorded. If the call is after hours, the inmate will be directed to another number to call. This information is given to inmates and interviews with the majority of inmates confirmed they know that counseling and therapy are available and are free of charge. The Nampa Family Justice Center will not accompany the inmate through the forensic exam or the investigation but will provide aftercare to the inmate. They contract with a SANE nurse who will provide the forensic exam at any of the emergency rooms in Nampa or Caldwell, Idaho. Policy states that "If a rape crisis center is not available to provide victim advocate services, the Center will make available an appropriate staff member from a community-based organization or an appropriate agency staff member to provide these services. The agency will document the efforts made to secure these services." The Owyhee County Prosecutor has agreed to allow the Owyhee County Victim Witness Coordinator to assist as an advocate in an inmate sexual assault. And, the appropriate staff member from a community-based organization would be a person who works with Nampa Family Justice Center. Inmates are given contact numbers for the Nampa Family Justice Center and the Owyhee County Victim Witness Coordinator. An interview with the Owyhee County Victim Witness Coordinator confirmed that she is willing, with permission from the prosecutor, to assist the Owyhee County Detention Center with advocate services for an inmate's sexual abuse, if one were to happen.

115.21(e) The Owyhee County Detention Center's Policy 15.2 ensures that a victim's advocate, upon request from the inmate, accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and

referrals as warranted. This was confirmed in an interview with the Owyhee County Victim Witness Coordinator. There have been no forensic medical examinations done during the last twelve months and a victim's advocate has not been requested or used by inmates.

115.21(f) The Owyhee County Detention Center only has an outside agency conduct the investigation if the allegation involves staff or when the Sheriff feels it is necessary to go outside the Sheriff's Office. All investigations that allegedly involve staff or are a conflict of interest are referred outside the agency, by Sheriff Perry Grant or by Lt. James Vincent, to an outside law enforcement agency. The Owyhee County Detention Center's Policy requires the outside agency to follow the requirements in (a) through (e) of this standard and the Owyhee County Sheriff's Office will document the request to the assisting agency to follow these requirements. All IPREA complaints are investigated for possible criminal activity and the Owyhee County Sheriff's Office maintains a close working relationship with the County Prosecutor.

The auditor relied on the policies and interviews to find this standard in compliance as there were no allegations of sexual abuse or sexual harassment of inmates during the twelve months of the audit cycle so there were no documents or investigations to review.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff and inmate interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

- Owyhee County Detention Center's Policy 15.2
- Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
- Interview with Sheriff Perry Grant
- Interview with Lt. James Vincent, Jail Administrator
- Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
- Interview with Jessie Will, IPREA Coordinator's Assistant
- Interview with the Owyhee County Victim Witness Coordinator
- Interview with Nampa Family Justice Center
- Interview with Criminal Investigator
- Flyers that list contact information for Nampa Family Justice Center
- Idaho Policing Policy
- Lexipol Policy

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.

115.22(a - b) The Owyhee County Detention Center has one investigator who works in the Detective Division to conduct criminal investigations and has three administrative investigators in the Detention Center. All investigations that allegedly involve staff are referred outside the agency to another law enforcement agency. The investigator(s) from the outside agency will be asked to take the specialized training for investigations in a confinement setting.

The Owyhee County Sheriff's Office has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. All IPREA complaints are investigated for possible criminal activity and the Owyhee County Sheriff's Office maintains a close working relationship with the County Prosecutor. Once the criminal investigation is concluded by either the Detective Division or an outside agency, the case will be referred back to the Owyhee County Detention Center for further administrative investigation, (excluding internal investigations of staff) and disciplinary sanctions, if warranted. The Owyhee County Detention Center reported that no allegations of sexual harassment or sexual abuse of inmates were reported during the twelve months preceding the audit.

Agency policy regarding the referral of allegations of sexual abuse and sexual harassment is published on the agency's website as required by the standard and the Owyhee County Detention Center's policy.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center's Policy 15.2
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Owyhee County Sheriff's Office website: www.Owyheecounty.net

Interview with Sheriff Perry Grant
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant
Interviews with Owyhee County Sheriff's Criminal Investigator

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 employees 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.

115.31(a - b) The Owyhee County Detention Policy 15.3 requires that employees receive the training of the ten topics listed in the standard every two years and during the years in-between, the employees are given training on new and current IPREA policies and procedures. Employees received the following training: Idaho P.O.ST. Academy PREA training, POST ID.gov, NIC online courses, and Idaho

Counties. Interviews with random staff revealed that the staff have yearly training on IPREA and are very knowledgeable on the topics.

115.31(c) The training is tailored to the gender of the inmates at the Owyhee County Detention Center which houses both female and male inmates. There is only one facility so all employees are trained to work with both genders and there are no reassignments to care for one gender or the other.

115.31(d) IPREA refresher training that reviews all of the requirements of IPREA is provided to employees every year instead of every other year. Staff also receive ongoing IPREA training throughout the year. Because the facility provides full and ongoing IPREA training yearly instead of every other year, as is stated in their policy, and extra training several times a year, the auditor finds that the facility exceeds this part of the standard

115.31(e) Documentation of the training does not require that employees sign they understand the training they have received. Therefore, the auditor finds that the Owyhee County Detention Center does not meet this part of the standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center Policy 15.3
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant
Interviews with random staff

CORRECTIVE ACTION REQUIRED:

1. The Owyhee County Detention Center should create a Training Acknowledgement Form to require employees to acknowledge the exact training they received and sign that they understand the training received.

This corrective action should be done within 180 days of the date of this interim report and the revised signature page sent to the auditor for review.

Once the corrective action has been completed, the Owyhee County Detention Center will exceed this standard because of 115.31(d)

VERIFICATION OF CORRECTIVE ACTION SINCE THE AUDIT:

On February 21, 2020, the Owyhee County Detention Center sent the auditor verification and copies of documentation that the corrective action noted in the interim report has been corrected as follows:

1. The Owyhee County Detention Center has created a Training Acknowledgement Form to require employees to acknowledge the exact training they received and sign that they understand the training received.

The auditor has reviewed all of the documents that were sent and the Owyhee County Detention Center is now fully compliant with this standard and now exceeds the standard.

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 (c)

- 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.

115.32(a) The Owyhee County Detention Center's Policy 15.3 requires all volunteers and contractors who may have contact with inmates be trained on IPREA requirements. The training curriculum includes a very comprehensive power point presentation. Two volunteers and two contractor employees who have contact with inmates have been trained in IPREA requirements during the last twelve months. This totals 100% that have been trained.

115.32(b) The training curriculum was very detailed and showed that contractors and volunteers have extensive training on the zero-tolerance policy, duty to report, warning signs, proper communication with all inmates, first responder duties, and several other aspects of the prevention, detection, and response policies and procedures. All volunteers and contractors receive the comprehensive training regardless of the level of services or contact with inmates.

115.32(c) All volunteers and contractors are required to sign they have had the training and the documentation is kept on file at the Owyhee County Detention Center.

One medical contract staff member was interviewed and compliance was found with this standard. Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center Policy 15.3
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
IPREA Training Power Point Presentation for volunteer and contractors
IPREA Acknowledgement Form for volunteers and contractors
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant

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.

115.33(a - c) The Owyhee County Detention Center reports that 562 inmates have been admitted in the past twelve months to the facility and all have been provided with comprehensive information during the intake, booking, and classification process. All inmates in the Owyhee County Detention Center receive information at intake through a flyer that is given to the inmate and the deputy explaining IPREA to them. The inmate signs that he or she has received this information. An inmate handbook is given to the inmates that has IPREA information in it. Soon after booking, the inmate watches a video explaining IPREA and the rules and regulations. When the video is watched, the inmate receives a blue half circle sticker on their file. When the inmate has completed a reassessment screening, the other half of the circle is placed on the file to form a whole circle.

Within thirty days, the IPREA Coordinator or the IPREA Coordinator's Assistant meets with the inmates and explains their right to be free from sexual abuse and sexual harassment and how to report any incidences. The video is also played in the housing units every Friday and Saturday night. Interviews with inmates confirmed that they receive the training and all of the inmates were able to tell the auditor what the policies are for zero tolerance, how to report, and who the advocates are. The inmates praised how much training they receive on IPREA and said that staff often talk to them about it during med pass and security rounds in addition to all the other training.

115.33(d and f) The Owyhee County Detention Center ensures that key information is continuously available to inmates through posters, flyers, and inmate handbooks. IPREA posters in both English and Spanish are displayed in the dayrooms with the abuse hotline number by the phones.

There are materials or formats available for IPREA education to inmates with disabilities. The staff will read information to those who are illiterate or have low vision or who are blind. Information is available in braille and reading glasses are available, if needed. The handbook can be printed in large print, if needed. The agency has a verbal agreement with a sign language interpreter to explain IPREA if the inmate cannot read or write. And, the agency has an agreement with a Language Line and the instructions on how to access the language line are on the phone in booking.

115.33(e) The Owyhee County Detention Center maintains documentation of the inmate training. The auditor reviewed five inmate files and verified the training is documented and signatures were in place.

Interviews with random inmates revealed that the inmates are retaining the information they are provided through the handbook, posters, video, and flyers. All of the interviews with inmates confirmed that they received training and information on IPREA at booking and after booking. All stated that information is posted in the housing unit, and is in the inmate handbook on how to report a sexual abuse or sexual harassment. All knew they could access a hotline number on the phone. All knew there was a counseling service available. All knew there were ways to report an incident outside the facility such as their attorneys, Adams County Sheriff's Office, and friends or families. The inmates said they are well taken care of in the Owyhee County Detention Center and the deputies and the deputies respect their privacy and would not tolerate any sexual misconduct.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff and inmate interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

- Owyhee County Detention Center's Policy 15.3
- Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
- Inmate Handbook
- PREA flyers given to the inmates
- PREA Posters displayed in dayrooms
- Interview with Lt. James Vincent, Jail Administrator
- Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
- Interview with Deputy Jessie Will, IPREA Coordinator's Assistant
- Interviews with random inmates
- Interviews with random staff

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.

115.34(a) The Owyhee County Detention Center's Policy 15.3 requires that all of its employees who investigate sexual abuse and sexual harassment allegations in the facility receive the specialized training for conducting such investigations in confinement settings. The investigators are required to take the class or online PREA Investigators course, "Investigating Sexual Abuse in a Confinement Setting" available through the PREA Resource Center and the National Institute of Corrections.

Three investigators in the Detention Center conduct the administrative investigations in the Detention Center. All three investigators have taken the online course, "Investigating Sexual Abuse in a Confinement Center." The Owyhee County's Criminal Investigator has not taken the class. Therefore, the auditor finds that the Owyhee County Detention Center does not meet this part of the standard.

115.34(b) 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 or prosecution referral. The Detective from the Owyhee County Sheriff's Detective Division has had training in sexual abuse investigations for his job requirements and is very familiar with the proper use of Miranda and Garrity warning as he uses them frequently in his job duties.

115.34(c) The auditor reviewed the Certificates of Completion for the investigators who took the classroom course of the investigator's specialized training.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center Policy 15.3
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Interviews with agency Criminal Investigator
Interview with Sheriff Perry Grant
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator

Interview with Deputy Jessie Will, IPREA Coordinator's Assistant
Certificates of Completion of the online NIC course, "Investigating Sexual Abuse in a Confinement Setting"

CORRECTIVE ACTION REQUIRED:

1. The Owyhee County Detention Center should ensure the agency Criminal Investigator completes the NIC online course, "Investigating Sexual Abuse in A Confinement Setting."
2. The Owyhee County Detention Center should maintain documentation of the completed training.

The Detention Center will send the auditor documentation of the Criminal Investigator's successful completion of the online course within 180 days of the date of this interim report.

VERIFICATION OF CORRECTIVE ACTION SINCE THE AUDIT:

On February 21, 2020, the Owyhee County Detention Center sent the auditor verification and copies of documentation that the corrective action noted in the interim report has been corrected as follows:

1. The Owyhee County Detention Center has ensured the agency Criminal Investigator complete the online NIC course, "Investigating Sexual Abuse in A Confinement Setting."
2. The Owyhee County is keeping the certificate and documentation of the training in the training files.

The auditor has reviewed all of the documents that were sent and the Owyhee County Detention Center is now fully compliant with this standard.

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 do 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.

115.35(a) The Owyhee County Sheriff's Office contracts with PA Eric Wells, to provide on-site medical care at the facility. A nurse and the Medical Provider come to the facility once a week. If an inmate needs to see mental health, the inmate first sees the Medical Provider and the Provider refers the inmate to a Mental Health Provider. An interview with a contract Medical Provider confirmed that they are provided in-depth training on their responsibilities under IPREA. Specialized training includes the four elements required by this IPREA standard. The number of medical practitioners who work regularly at the facility and have had the training is two.

115.35(b) The medical contractor does not conduct forensic exams at the Owyhee County Detention Center. Victims of sexual abuse are transported to St. Alphonsus Medical Center in Nampa, Idaho for the exam, when medically appropriate. There have been no incidents of sexual abuse so no forensic exams had been done at the time of the audit.

115.35(c - d) Owyhee County Detention Center maintains documentation that all medical practitioners who work at the facility have received specialized training provided by the facility and listed in (a) of this standard. Medical practitioners take the training for contract employees.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Interview with a Medical Provider
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant

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 non-conforming 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.

115.41(a - b) Owyhee County Detention Policy 15.4 require the Booking Deputy to complete an initial IPREA risk assessment on inmates when they booked into the facility. Within 72 hours of booking, a Detention Deputy conducts a full risk screening on each inmate. The Owyhee County Detention Center reported there were 395 inmates entering the facility whose length of stay 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 entering the facility. Interviews with inmates confirmed that all of them had a risk screening at the time of, or shortly after, booking.

115.41(c) The risk assessments are completed on an objective screening instrument. The auditor reviewed five files of inmates and verified that the screening instrument is being used.

11.5.41(d) The screening form does not have the following items required by the standard. Therefore, the auditor finds the Owyhee County Detention Center does not meet this part of the standard.

- (1) The instrument only screens for mental or physical disability and not developmental disability.
- (2) The instrument asks for age below 18 and between 18 and 21. It doesn't consider elderly who also could be at risk of sexual victimization

The policy states that the Detention Center will consider all of the above but does not have these items on the screening form.

115.41(e) The screening instrument considers prior acts of sexual abuse, prior convictions for violent offenses, and the history of prior institutional violence or sexual abuse as known to the agency.

115.41(g) Owyhee County Detention Center's IPREA Policy 15.4 also requires that an inmate's risk level be reassessed within 30 days of the inmate's arrival at the Owyhee County Detention Center when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that directly affects the inmate's risk of victimization or abusiveness. The Detention Center reassesses all inmates within 30 days of booking. After the video is watched during intake, the inmate receives a half circle blue sticker on the file. When the reassessment is done, the inmate receives another half circle to make a full circle.

115.41(h) The policy prohibits the Owyhee County Detention Center from disciplining inmates for refusing to answer any questions referring to sexual abuse or for not disclosing complete information on the screening questions listed in this standard. The standard only requires that inmates are never 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. Because of this policy and practice of not disciplining inmates for refusing to answer any questions referring to sexual abuse or not disclosing complete information on any questions during the screening process, the auditor finds that the Owyhee County Detention Center exceeds this part of the standard.

115.41(i) Policy 15.4 states that "The Owyhee County Detention Center shall ensure the sensitive assessment information is not exploited to the inmate's detriment by staff or other inmates and that any documents obtained from the assessment are secured in a manner recommended by the IPREA Coordinator." Lt. Vincent and Sgt. Crawford stated that all detention deputies classify inmates so they all have access to the information which is kept in the medical file. Lt. Vincent and Sgt. Crawford are the only persons who can authorize access to the information to anyone outside the Detention Center. Policy states that any staff or inmate who uses the information to the inmate's detriment will face disciplinary action.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center Policy 15.4
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Objective Risk Screening Instruments
Interviews with random staff

Interviews with random inmates
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant
Random Inmate Files

CORRECTIVE ACTION REQUIRED:

1. The Owyhee County Detention Center should add to its screening form in #1 developmental disability.
2. The Owyhee County Detention Center should add to its screening form in #2 elderly inmates.

All corrective action should be sent to the auditor within 180 days of the date of the interim report so that a final report can be issued.

Once the corrective action has been successfully completed, the Owyhee County Detention Center will exceed this standard because of 115.41(h).

VERIFICATION OF CORRECTIVE ACTION SINCE THE AUDIT:

On February 21, 2020, the Owyhee County Detention Center sent the auditor verification and copies of documentation that the corrective action noted in the interim report has been corrected as follows:

1. The Owyhee County Detention Center has added to its screening form "developmental disability" in #1
2. The Owyhee County Detention Center has added to its screening form "elderly inmates" in #2.

The auditor has reviewed all of the documents that were sent and the Owyhee County Detention Center is now fully compliant with this standard and now exceeds the standard.

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.

115.42(a) The Owyhee County Detention Center Policy 15.4 requires that all information gathered during the intake and assessment process be used to ensure appropriate classification and placement of

inmates into housing, work programs, and regular programs as well as any necessary security or protective precautions required to ensure the inmate's safety.

115.42(b) All detention deputies are Classification Deputies and conduct all of the assessments and reassessments of inmates in the facility to make individualized determinations of how to ensure the safety of each inmate. The Classification Deputies use the Northpointe Decision Tree. The IPREA Coordinator reviews the screening forms and the classification to verify that the inmate is housed in the safest place possible.

115.42(c) The Owyhee County Detention Center Policy 15.4 requires that the deputy doing the classification carefully consider, on a case-by-case basis, whether placement of a transgender or intersex inmate in a particular housing and bed assignment will ensure the inmate's health and safety and whether or not that placement would present management or security issues.

115.42(d) Policy 15.4 requires that at least monthly beginning with the intake date, a reassessment will be completed on all transgender and intersex inmates to review any threats of safety experienced by the inmate. Because of the reassessment being done at least monthly rather than at least twice a year, the auditor finds the Owyhee County Detention Center exceeds this standard.

115.42(e) Transgender and intersex inmates are asked about their own views in respect to their safety while incarcerated in the facility and those considerations are given serious consideration when making housing, bed, and programming assignments.

115.42(f) Policy 15.4 states that transgender and intersex inmates will be allowed to shower separately from other inmates. They will be taken to booking to use the intake shower, if requested.

115.42(g) The Owyhee County Detention Center Policy 15.4 prohibits placing lesbian, gay, bisexual, transgender or intersex inmates in a particular housing or bed assignment or other assignment based solely on such identifier or status unless the placement is ordered by a consent decree, legal settlement, or legal judgment of which the intent is the protection of inmates. The Owyhee County Detention Center is under no such legal restriction.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets and exceeds the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center Policy 15.4
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Objective Screening Instrument
Interviews with random staff
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant

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.

115.43(a and d) The Owyhee County Detention Center Policy 15.4 prohibits staff from placing inmates at high risk for sexual victimization in involuntary segregated housing unless the determination has been made that this housing assignment best protects the safety of the inmate and a review of other alternatives failed to provide adequate safety from likely abusers. The inmate may be placed in involuntary segregation for a time period, not to exceed 24 hours, in order to complete the assessment and find appropriate housing. Interviews with random staff and inmates revealed no incidents of involuntary housing being used for this purpose.

115.43(b) The policy requires any inmates placed in involuntary segregated housing have access to programs, privileges, education and work opportunities to the extent possible. If opportunities are restricted, staff will document which opportunities have been limited, the duration of the limitation, and the reasons for the limitations.

115.43(c) If no alternative housing can be found immediately, the inmate may normally be held in involuntary segregated housing for no more than 30 days.

115.43(d) The involuntary restricted housing of an inmate will be documented and will detail staff's basic concern for the inmate's safety, the reason why no alternative means of separation can be achieved, and the reason why the 30 days may need to be extended, if it does.

115.43(e) If an involuntary segregated housing assignment is made, a status review of the inmate by the Jail Commander will be completed every 30 days to determine if there is a continuing need to separate the inmate from the general population. All 30-day status reviews are documented.

At the time of the audit, there were no inmates assigned to involuntary segregated housing to separate them from likely abusers.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff and inmate interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

- Owyhee County Detention Center Policy 15.4
- Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
- Objective Risk Assessment Instrument
- Idaho Jail Standards
- Interviews with random staff
- Interviews with random inmates
- Interview with Lt. James Vincent, Jail Administrator
- Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
- Interview with Deputy Jessie Will, IPREA Coordinator's Assistant

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.

115.51(a) The Owyhee County Detention Center Policy 15.5 clearly outlines multiple ways for inmates to privately report a sexual assault, sexual harassment, or retaliation from other inmates or staff for reporting sexual abuse or sexual harassment, and any staff neglect that may have contributed to sexual abuse or sexual harassment. Ten ways to report within the facility are listed in policy and there are six ways to report a sexual abuse or sexual harassment outside the agency listed in the policy. The reporting methods within the facility include Detention Deputy, Medical or Mental Health Staff, other staff members, detention or agency administration, Inmate phones, volunteers, kites, grievance, personal letter to staff, and personal letter to administration. Interviews with random inmates confirmed they are very familiar with how to report a sexual abuse or sexual harassment and stated the deputies would respond immediately to any report.

115.51(b) The Owyhee County Detention Center Policy 15.5 has provided two methods for inmates to report outside the facility: third party and the Adams County Sheriff's Office. Interviews with random inmates confirmed they know how to report outside the agency.

Inmates are rarely detained solely on civil immigration holds, but the agency has in policy that these inmates are provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

115.51(c) The Owyhee County Detention Center Policy 15.5 requires all staff to accept reports made verbally, in writing, anonymously, and from third parties. All allegations are documented promptly upon receipt and reported to a supervisor.

115.51(d) The Owyhee County Detention Center has in policy that staff can privately report to anyone in the Chain of Command they feel comfortable reporting to. Interviews with staff revealed that they all feel comfortable reporting privately to anyone in the Chain of Command, up to and including, the Sheriff.

Interviews with staff and inmates clearly demonstrate they are very knowledgeable about IPREA and the variety of methods to report sexual abuse and sexual harassment of inmates.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff and inmate interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center Policy 15.5
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
IPREA Inmate Acknowledgement Form and random signatures
IPREA flyers and posters
Interviews with random inmates
Interviews with random facility staff
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant

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.

The Owyhee County Detention Center is exempt from this standard as it does not require an inmate to submit a grievance to report a sexual abuse or sexual harassment incident. If an inmate does submit a grievance, it is withdrawn from the grievance system and treated as a complaint rather than a grievance.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center Policy 15.5
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant

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.

115.53(a and c) The Owyhee County Detention Center has an MOU with Nampa Family Justice Center in Nampa, Idaho to provide support services to a victim of sexual abuse. The Owyhee County Victim Witness Coordinator has agreed to provide advocacy services through the forensic medical examination process as well as the investigatory interview process. An interview with the Victim Witness Coordinator confirmed that she will provide advocacy services whenever needed and approved by the Prosecutor. The information for the Nampa Family Justice Center is posted in the housing units and interviews with random inmates revealed that the majority of inmates were aware there were support services available, the calls were free and unmonitored, what services the group provides, and the extent of confidentiality they would have talking to the group.

The Owyhee County Detention Center Policy 15.5 enables communication between the advocate and the victim in as confidential manner as is possible.

115.53(b) Prior to giving the inmate access to the advocate, the Owyhee County Detention Center Policy 15.5 states that the agency explains to the inmate the extent that the communication will be monitored. The advocate and support services are offered free of charge to the inmate. The facility will also explain to the inmate that information may be relayed from the victim advocate to the facility in order to initiate an investigation into the sexual abuse allegation in accordance with mandatory reporting laws.

There have been no forensic medical examinations done during the past twelve months and a victim's advocate has not been requested or used by inmates so there was no documentation for the auditor to review.

115.53(c) An MOU between Nampa Family Justice Center and the Owyhee County Sheriff's Office and Detention Center has been developed to outline the services that Rose Advocates provide and the responsibilities of the Detention Center. A verbal agreement between the Owyhee County Sheriff's Office and the Owyhee County Prosecutor's Office has been made to use the services of the Owyhee County Victim Witness Coordinator when an advocate is needed.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center Policy 15.5
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
IPREA informational brochure
Reporting posters displayed in housing units
Interviews with random inmates
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant
Interview with Owyhee County Victim Witness Coordinator
Interview with Nampa Family Justice Center

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.

115.54(a) The Owyhee County Detention Center allows third parties to report a sexual abuse or sexual harassment incident on behalf of an inmate. Policy 15.5 states that "the facility shall publicly distribute information on how to report sexual abuse and sexual harassment on behalf of an inmate and the information will be posted in the jail lobby". The auditor verified the information is posted on the Owyhee County Sheriff's Office website.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Interview with Lt. James Vincent, Jail Administer
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant
Owyhee County Sheriff's Office website: www.Owyheecounty.net

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.

115.61(a) The Owyhee County Detention Center Policy 15.6 requires staff to immediately report to the Jail Commander any suspected or alleged sexual abuse or sexual harassment that occurred in a facility whether or not it is part of the agency. The policy also states that staff are required to report to the Jail Commander any retaliation against inmates or staff who report an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff are required to write a report of the incident and forward it to the Jail Commander before the employee goes off shift. Interviews with random staff confirmed that they are aware of this policy.

115.61(b) Policy 15.6 prohibits staff from revealing any information related to a sexual abuse or sexual harassment report to anyone other than designated supervisors or officials and, to the extent necessary, to make treatment, investigation, and other security and management decisions. Interviews with random staff confirmed they are aware of the policy.

115.61(c) Interviews with a Medical Provider within the facility confirmed the policy and practice that the medical staff are required to report sexual abuse that is disclosed to them by inmates and, at the initiation of services, must inform the inmate of their duty to report the incident and the limitations of confidentiality. Interviews with the Medical Provider confirmed knowledge of the practice.

115.61(d) If the alleged victim is under the age of 18, the Owyhee County Sheriff's Office reports the allegation of sexual abuse to the Idaho Department of Health and Social Services, Child Protective Services. If the alleged victim is a "vulnerable adult", the report will be made to Idaho's Adult Protection Services. Interviews with random staff confirmed they were aware of this reporting requirement. And, the policy ensures this.

115.61(e) The Owyhee County Detention Center Policy 15.6 states that all reports of allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are referred to the facility's designated investigators.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center Policy 15.6
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
IPREA training curriculum
Interviews with random staff
Interview with a Medical Provider
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant

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.

115.62(a) The Owyhee County Detention Center reports that there have been no situations in the past twelve months where the facility determined an inmate was subject to a substantial risk of imminent sexual abuse. Inmates at substantial risk of imminent sexual abuse are either immediately removed from the housing unit and reassigned to other appropriate housing that ensures the inmate's safety or the perpetrator is immediately reassigned to another housing unit, depending on the circumstances of the situation.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center Policy 15.6
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Interviews with random staff
Interview with Sheriff Perry Grant
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant

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.

115.63(a) The Owyhee County Detention Policy 15.6 requires the Jail Administrator or Sheriff to report any sexual abuse allegation received regarding an inmate abused at another facility to the agency head where the sexual abuse is alleged to have occurred. The Owyhee County Detention Center reports that no reports of this type were received during the audit cycle.

115.63(b) Policy requires this notice to occur as soon as possible but, in no case, will the report be made later than 72 hours after the allegation has been received.

115.63(c) The notification from the Owyhee County Detention Center or Sheriff to the other agency is documented.

115.63(d) Owyhee County Detention Center policy and practice does not require that allegations received from another facility of an inmate being sexually abused or sexually harassed in the Owyhee County Detention Center are investigated in accordance with the IPREA standards. Interviews with Sheriff Grant, Lt. Vincent and Sgt. Crawford confirmed this is the practice but it is not in policy. Therefore, the auditor finds the Owyhee County Detention Center does not meet this part of the standard.

The Owyhee County Detention Center reports there have been no incidences of this in the twelve months prior to the audit

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center Policy 15.6
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Interview with Sheriff Perry Grant
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant

CORRECTIVE ACTION REQUIRED:

1. The Owyhee County Sheriff should add to its IPREA policy the procedures for handling allegations received from another facility of an inmate being sexually abused or sexually harassed in the Owyhee County Detention Center

The Owyhee County Detention Center will send the revised policy to the auditor within 180 days of the date of this interim report.

VERIFICATION OF CORRECTIVE ACTION SINCE THE AUDIT:

On February 21, 2020, the Owyhee County Detention Center sent the auditor verification and copies of documentation that the corrective action noted in the interim report has been corrected as follows:

1. The Owyhee County Detention Center has added to its IPREA policy the procedures for handling allegations received from another facility of an inmate being sexually abused or sexually harassed in the Owyhee County Detention Center.

The auditor has reviewed all of the documents that were sent and the Owyhee County Detention Center is now fully compliant with this standard.

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.

115.64(a) The Owyhee County Detention Center Policy 15.6 outlines in policy the responsibilities of all staff members receiving an allegation of sexual abuse. The policy details in depth the following guidelines for the first responder:

- (1) Separate the alleged victim and abuser;
- (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;

- (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
- (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

There was also a very detailed checklist of the responsibilities when an allegation of sexual abuse is made. The checklist details what to do with both the alleged victim and alleged abuser. And, all detention deputies are given laminated cards to carry in their pocket that lists their duties as a first responder. Therefore, the auditor finds that with the creation and use of both of these detailed checklists and the laminated cards given to the staff, the facility exceeds this part of the standard. The Owyhee County Detention Center reported that in the past twelve months, there were no allegations that an inmate was sexually abused in the facility.

The Owyhee County Detention Center reported that, in the past twelve months, there were no allegations that an inmate was sexually abused or sexually harassed while in the facility.

115.64(b) The Owyhee County Detention Center Policy 15.6 states that when the first staff responder is not a security staff member, he or she shall request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff immediately. There were no incidents in which a non-security staff member was a first responder to a sexual abuse during the audit cycle.

Interviews with random staff confirmed that staff are very knowledgeable in their duties as a first responder to a sexual abuse or sexual harassment incident and have received the training in their yearly IPREA training.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility exceeds the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center Policy 15.6
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Interviews with random staff
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant
Laminated card of First Responder's duties
Checklist for responding to sexual abuse allegations

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.

115.65(a) The Owyhee County Detention Center has detailed in Policy 15.6 the actions that need to be taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center Policy 15.6
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Interviews with Criminal Investigator
Interviews with random staff
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant

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.

The Owyhee County Sheriff's Office and Owyhee County Detention Center do not have any collective bargaining agreements in place and have not had any at any time. Owyhee County Sheriff's Office is non-union and, therefore, has no union collective bargaining agreements. Therefore, the auditor determined that this standard is not applicable to the Owyhee County Sheriff's Office and Owyhee County Detention Center.

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.

115.67(a and d) Owyhee County Detention Center Policy 15.6 prohibits retaliation against inmates or staff members who report sexual abuse or sexual harassment and require monitoring of the inmate or staff member for retaliation. The agency reported that the IPREA Coordinator is charged with monitoring

retaliation. The Owyhee County Detention Center reported that there have been no incidents of retaliation against an inmate or a staff member for reporting a sexual abuse or sexual harassment. An interview with the IPREA Coordinator assigned to conduct the monitoring reflected that the monitoring occurs whenever a report of sexual abuse or sexual harassment is made. The IPREA Coordinator will monitor the person and both policy and the IPREA Coordinator state that the monitoring will continue for a minimum of 90 days. Therefore, the auditor finds that the Owyhee County Detention Center exceeds the standard as the policy is written to the higher PREA standard.

115.67(b) Owyhee County Detention Center policy requires the facility to protect 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. Such protections shall be afforded via direct monitoring by staff, housing changes to separate victims from abusers, removal of alleged staff members from contact with victims, emotional support services for inmates or staff members who fear retaliation, and investigation.

115.67(c) Owyhee County Detention Center Policy 15.6 requires that, following a report of sexual abuse, the agency shall act promptly to remedy any allegation of retaliation against any inmate or staff member who reports sexual abuse or sexual harassment.

115.67(d) Policy also requires the facility to take proper measures to protect any other individual who has cooperated with an investigation and expresses a fear of retaliation. During the past twelve months, there have been no incidents where a person has expressed fear of retaliation and needed monitoring.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets and exceeds the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center Policy 15.6
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Interview with Sheriff Perry Grant
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant

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.

115.68(a) The Owyhee County Detention Center's Policy 15.6 prohibits staff from placing inmates who allege to have suffered sexual abuse in involuntary segregated housing unless the determination has been made that this housing assignment best protects the safety of the inmate and a review of other alternatives failed to provide adequate safety from likely abusers. When inmates are placed in involuntary segregation in order to separate the victim from the abuser, the placement is only for the time needed to finish the investigation and find alternative housing. The policy details the procedures taken to maintain compliance with this standard. Interviews with random staff and inmates revealed no incidents of involuntary segregated housing being used for this purpose during the twelve months prior to the audit.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center Policy 15.6
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford

Interviews with random staff

Interview with Lt. James Vincent, Jail Administrator

Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator

Interview with Deputy Jessie Will, IPREA Coordinator's Assistant

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.

115.71(a) Owyhee County Detention Center's Policy 15.7 requires that investigators initiate an investigation immediately upon receiving an allegation of sexual abuse or sexual harassment. Administrative investigations are done by three administrative investigators in the Detention Center and criminal investigations are done by the Owyhee County Detective Division. When staff are allegedly involved, the case is turned over to an outside law enforcement agency to conduct the investigation. This is done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

115.71(b) There are three investigators assigned to investigate sexual abuse and sexual harassment in the Owyhee County Detention Center. All three investigators have taken the online Course, "Investigating Sexual Abuse in a Confinement Setting". There is one Criminal Investigator in the Detective Division and that investigator has not taken the specialized training. Therefore, the auditor finds that the Owyhee County Detention Center does not meet this part of the standard.

All criminal allegations are investigated by Detectives who have had extensive training on community sexual abuse investigations and use Miranda and Garrity warnings frequently in day to day investigations.

115.71(c) An interview with the Criminal Investigator confirmed that upon initiation of an investigation into a sexual abuse allegation, the investigator gathers and preserves direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviews alleged victims, suspected perpetrators, and witnesses, and reviews prior complaints and reports of sexual abuse involving the suspected perpetrator. There were no criminal investigations into sexual abuse or sexual harassment for the auditor to review.

115.71(d) Unless the allegation is an immediately recognizable criminal investigation, investigations will be initiated as an administrative investigation. If there is any indication that the investigation appears to involve staff, Sheriff Perry Grant will request the investigation be done by an outside law enforcement agency. The Owyhee County Detective is aware of when compelled interviews are an obstacle to

prosecution as they use them frequently in their regular job duties. However, if there is any question, the detective would confer with the prosecutor.

115.71(e) Owyhee County Detention Center's Policy 15.7 requires that the credibility of the alleged victim will be assessed on a case-by-case basis and shall not be determined by the person's status as an inmate. An interview with the Criminal Investigator stated that credibility is based on evidence, interviews, and the crime scene. Inmates who allege sexual abuse are not required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation.

115.71(f) Policy does not require that administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse or shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Therefore, the auditor finds that the Owyhee County Detention Center does not meet this part of the standard.

115.71(g and h) Owyhee County Detention Center's Policy 15.7 and an interview with the Criminal Investigator confirmed that comprehensive reports are written at the conclusion of criminal investigations and the reports fully describe any physical, testimonial, and documentary evidence gathered, considered, or relied on. When it is practical, copies of documentary evidence are attached to the report. Substantiated criminal investigations are referred for prosecution, when warranted. During the past twelve months, there have not been any allegations of sexual abuse or sexual harassment in the Owyhee County Detention Center to investigate.

115.71(i) All written reports referenced in 115.71(f and g) are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

115.71(j) If an alleged abuser or victim leaves the facility or the employ of the agency, the investigation will continue and will not be terminated until it is officially closed with a determination.

115.71(l) When outside law enforcement investigators are assigned to an investigation, the Owyhee County Sheriff's Office and Owyhee County Detention Center will cooperate fully with the investigators and will stay informed as to the progress of the investigation.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center Policy 15.7
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Interview with Owyhee County Criminal Investigator
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant
NIC Online Course, "Investigating Sexual Abuse in a Confinement Setting"

CORRECTIVE ACTION REQUIRED:

1. The Owyhee County Detention Center should ensure that the Criminal Investigator takes the NIC online course, "Investigating Sexual Abuse in a Confinement Center."
2. The Owyhee County Detention Center should maintain documentation of successful completion of the course.
3. The Owyhee County Detention Center should add to its IPREA policy that administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse or shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The Owyhee County Detention Center should send a copy of the documentation of the completed course and a copy of the revised policy to the auditor within 180 days of the date of this interim report.

VERIFICATION OF CORRECTIVE ACTION SINCE THE AUDIT:

On February 21, 2020, the Owyhee County Detention Center sent the auditor verification and copies of documentation that the corrective action noted in the interim report has been corrected as follows:

1. The Owyhee County Detention Center has ensured that the Criminal Investigator takes the NIC online course, "Investigating Sexual Abuse in a Confinement Center."
2. The Owyhee County Detention Center is maintaining documentation of successful completion of the course.
3. The Owyhee County Detention Center has added to its IPREA policy that administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse or shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The auditor has reviewed all of the documents that were sent and the Owyhee County Detention Center is now fully compliant with this standard.

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

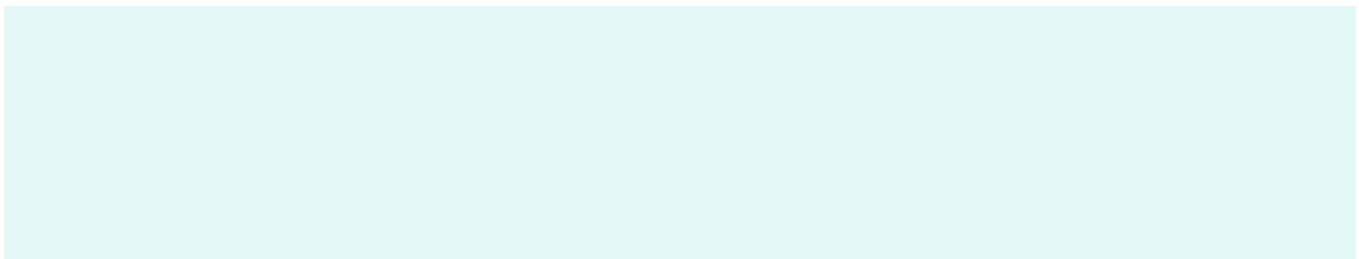
The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility 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.

115.72(a) Owyhee County Detention Center's Policy 15.7 requires the Owyhee County Sheriff's Office to impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment in administrative investigations are substantiated. An interview with an investigator confirmed that this is the standard of determination of substantiation.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center Policy 15.7
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Interview with a Criminal Investigator
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant



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.

115.73(a) The Owyhee County Detention Center's Policy 15.7 requires, upon completion of any administrative or criminal investigation of sexual abuse or sexual harassment in the facility, the facility will inform the inmate as to whether the allegation was determined to be substantiated, unsubstantiated, or unfounded.

115.73(b) When an outside agency is brought in for an investigation, the inmate will be notified of the outcome, when it is known.

115.73(c) Owyhee County Detention Center's Policy 15.7 requires that the inmate is notified whenever:

1. The staff member is no longer posted in the inmate's unit;
2. The staff member is no longer employed at the jail;
3. The Sheriff's Office learns that the staff member has been indicted on a charge related to sexual abuse within the facility;
4. The Sheriff's Office learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The auditor finds that the Owyhee County Detention Center exceeds this standard as the policy is written to the higher PREA standard.

There have been no allegations or investigations of staff members allegedly being involved in sexual abuse misconduct during the twelve months prior to the audit.

115.73(d) Owyhee County Detention Center's Policy 15.7 requires that all notifications to inmates described under this standard are documented.

115.73(e) The Owyhee County Detention Center's obligation to report under this standard terminates if the inmate is released from the facility before the investigation has been completed.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets and exceeds the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center Policy 15.7
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Interview with James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant

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.

115.76(a - c) Owyhee County Detention Center's Policy 15.8 requires any staff member found in violation of the agency sexual abuse or sexual harassment policies is subject to progressive discipline which includes sanctions up to and including termination. Progressive discipline considers the circumstances, the staff member's disciplinary history, and sanctions imposed for comparable offenses by other staff with similar histories when imposing sanctions. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse of an inmate.

115.76(d) All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to any relevant licensing bodies. All terminations and resignations are reported to Idaho P.O.S.T and, if the case involves possible criminal charges, an investigation is done by Idaho P.O.S.T as well.

The Owyhee County Detention Center reports that in the past twelve months, there has been no staff member from the facility that has been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. Additionally, there has been no staff member in the past twelve months that has been disciplined for violations of the agency sexual abuse or sexual harassment policies. There has been no staff member that has been reported to law enforcement, Idaho P.O.S.T., or any other licensing boards for violating agency policies.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center Policy 15.8
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant

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.

115.77(a) The Owyhee County Detention Center's Policy 15.8 prohibits contractors and volunteers who have engaged in sexual abuse from having contact with inmates. Violations are reported to any relevant licensing boards and if the abuse was criminal, the Owyhee County Sheriff's Office will seek prosecution.

115.77(b) In any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the agency will take appropriate remedial measures and will consider whether the volunteer or contractor will be retained, dismissed or prohibited from contact with inmates.

The Owyhee County Detention Center reported that there were no contractors or volunteers who were alleged to have violated the agency's sexual abuse or sexual harassment policies during the past twelve months.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center Policy 15.8
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/PREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant

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.

115.78(a) The Owyhee County Detention Center has in place a comprehensive progressive inmate disciplinary process for rule and law violations by inmates. A formal disciplinary process will be given to inmates who have been found guilty in an administrative or criminal investigation of inmate-on-inmate

sexual abuse or inmate-on-inmate sexual harassment. The auditor was given the disciplinary policy and procedures to review.

115.78(b) If the inmate is found guilty in the disciplinary hearing, the sanctions imposed will consider the circumstances of the incident, the disciplinary history of the inmate, and the sanctions imposed on others for similar violations.

The Owyhee County Detention Center reported that during the past twelve months, no allegations of inmate-on-inmate sexual abuse or sexual harassment were reported and, therefore, no disciplinary hearings were conducted for this offense.

115.78(c) Owyhee County Detention Center's Policy 15.8 requires that the disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the behavior when determining what type of sanctions, if any, should be imposed.

115.78(d) The facility does not provide therapy, counseling, or other interventions for inmate abusers.

115.78(e) The Owyhee County Detention Center disciplines an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The Owyhee County Detention Center reported that there were no instances of this type of sexual abuse during the past twelve months.

115.78(f) Inmates of the Owyhee County Detention Center will not be disciplined for filing a false report of sexual abuse when the inmate believed the incident actually happened and filed the report in good faith.

115.78(f) Agency policy prohibits all sexual activity between inmates but doesn't deem such activity sexual abuse unless it is determined that the activity was coerced. The Owyhee County Detention Center reported that, during the past twelve months, there were no incidences of coerced sexual activity between inmates.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center Policy 15.8
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant
Inmate Rules and Disciplinary Process

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? (N/A if the facility is not a prison.)
☒ Yes ☐ No ☐ NA

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.

115.81(a and c) When an inmate discloses sexual abuse either at an institutional facility or in a community setting, Owyhee County Detention Center's Policy 15.9 requires the staff member receiving the information offer a follow-up meeting with the Medical Provider to the inmate within 14 days. The Detention Center reported that it offers the follow-up counseling to every inmate who discloses sexual abuse at intake. The auditor interviewed two inmates and both agreed they had reported sexual abuse in the community, the deputy offered follow-up counseling, and both inmates refused the follow-up.

115.81(d) Information related to sexual victimization that occurred in an institutional setting is not strictly limited to medical and mental health providers. After booking, the information shared with staff is strictly limited to informing security and management decisions, including treatment plans, housing, work, bed, education, and program assignments. All detention staff have access to the screening forms as they all classify inmates for housing and programs.

115.81(e) An interview with a Medical Provider verified that informed consent disclosures, when needed, are provided on-site by the Medical Providers.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff and inmate interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center's Policy 15.9
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Intake Risk Assessment Form
Interview with a Medical Provider
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant

Interviews with two inmates who had been victims of sexual abuse in the community
Interviews with random staff
Interviews with random inmates

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.

115.82(a) An interview with a Medical Provider confirmed that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Owyhee County Detention Center reported there were no inmate victims of sexual abuse in the last twelve months who needed emergency care so the auditor had no medical records to review.

115.82(b) If no Medical Providers are on duty in the Owyhee County Detention Center at the time a report of recent sexual abuse, the First Responder will take preliminary steps to protect the inmate and will immediately notify the appropriate Medical Providers and EMT's, if needed. When necessary, all victims are transported to St. Alphonsus in Nampa, Idaho where SAFE or SANE exams are conducted. Inmates are offered a victim's advocate to accompany them through the exam and subsequent investigation.

115.82(c) A Medical Provider confirmed that inmate victims of sexual abuse are offered information about, and timely access to, emergency contraception and sexually transmitted infections prophylaxis, when appropriate. The Owyhee County Detention Center reported there haven't been any instances during the past twelve months where inmates have needed this information or care.

15.82(d) In all circumstances of sexual abuse within the facility, treatment and advocates are provided to the victim inmate free of charge.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center Policy 15.9
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Interview with a Medical Provider
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant

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.

115.83(a - c) Owyhee County Detention Center's Policy 15.9 requires health evaluations and, as appropriate, treatment to all inmates who have been sexually abused in any correctional institution. An interview with a Medical Provider confirmed that the care is consistent with the community level of care and they will offer referrals to the inmate for continuing care, when necessary, when the inmate leaves the facility. However, they will not make the appointment for the inmate. The Owyhee County Detention Center reported that, during the past twelve months, there have been no inmates that have requested referrals for continuing care upon release from the facility.

115.83(d - e) The Medical Provider confirmed that female inmate victims of sexual abuse are offered pregnancy tests and information about timely access to all lawful pregnancy related medical services. The Medical Provider also confirmed that inmates who have been sexually abused are offered tests for sexually transmitted infections, as medically appropriate. Medical Providers will provide ongoing treatment to inmates, when needed.

115.83(f) In all circumstances of sexual abuse within the facility, treatment and advocates are provided to the victim inmate free of charge.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center Policy 15.9

Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford

Interview with Lt. James Vincent, Jail Administrator

Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator

Interview with Deputy Jessie Will, IPREA Coordinator's Assistant

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.

115.86(a) Owyhee County Detention Center Policy 15.10 requires that a review team will review each incident of sexual abuse or sexual harassment that was investigated in the facility, unless the incident is unfounded.

115.86(b - e) The Review Team consists of the Administrative Staff, the IPREA Coordinator and any other persons relevant to the investigation. The review occurs within 30 days of the incident. Recommended improvements are discussed and submitted to the Sheriff, Jail Commander, and IPREA Coordinator who will initiate the improvements or document the reason for not doing so. The Owyhee County Detention Center reports that there have been no incident reviews done at the time of the audit.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center Policy 15.10
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Interview with a Criminal Investigator
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant

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.

115.87(a and c) Owyhee County Detention Center's Policy 15.10 requires that the agency collect accurate, uniform data for every allegation of sexual abuse at the facility and use a standardized instrument and set of definitions. The data collected will include, at a minimum, the data necessary to answer all of the questions from the most recent version of the Survey of Sexual Violence. The form is a very detailed form that tallies all of the information each year so it is easy to view several years all at once to compare each year. The information is the data necessary to answer all of the questions from the most recent version of the Survey of Sexual Violence

115.87(b) Policy directs the IPREA Coordinator and Jail Commander to aggregate the data annually and prepare a report.

115.87(d) The Owyhee County Detention Center requires the collection of the data in accordance with this standard. The facility will create the annual report in January of each year for the previous calendar year. The Owyhee County Detention Center has not had any incidents of sexual abuse during the year prior to the audit and, therefore, has not written an annual report.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center Policy 15.10
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant
Data Collection Instrument

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.

This standard deleted for IPREA

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.

115.89(a - b) Owyhee County Detention Center Policy 15.10 requires that data collected according to this standard is securely retained and will maintain sexual abuse data for at least 10 years after the date of the initial collection. The data is kept locked in the Jail Administrator's Office.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Owyhee County Detention Center Policy 15.10
Completed Pre-Audit Questionnaire submitted by Sgt. Steven Crawford
Interview with Sheriff Perry Grant
Interview with Lt. James Vincent, Jail Administrator
Interview with Sgt. Steven Crawford, Jail Commander/IPREA Coordinator
Interview with Deputy Jessie Will, IPREA Coordinator's Assistant

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 prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the second year of the current audit cycle.) ☐ Yes ☒ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the third year of the current audit cycle.) ☐ Yes ☒ No ☐ NA

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, residents, 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.

115.401(a-b) The audit conducted on October 15 – 17, 2019 is the first audit for the Owyhee County Detention Center. The first audit is an IPREA audit rather than a PREA audit.

115.401(h, l, m, n) The auditor had access to, and the ability to observe, all areas of the audited facility and was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor was permitted to conduct private interviews with inmates and inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

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.

Listed throughout the report

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.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Cynthia Malm

March 3, 2020

Auditor Signature

Date

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

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