

# PREA Facility Audit Report: Final

**Name of Facility:** West Central Regional Juvenile Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 11/15/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Matthew J. Bauer	<b>Date of Signature:</b> 11/15/2021

AUDITOR INFORMATION	
<b>Auditor name:</b>	Bauer, Matt
<b>Email:</b>	matthew.bauer@co.dakota.mn.us
<b>Start Date of On-Site Audit:</b>	08/30/2021
<b>End Date of On-Site Audit:</b>	08/31/2021

FACILITY INFORMATION	
<b>Facility name:</b>	West Central Regional Juvenile Center
<b>Facility physical address:</b>	729 11th Street N, Moorhead, Minnesota - 56560
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	James O'Donnell
<b>Email Address:</b>	james.odonnell@co.clay.mn.us
<b>Telephone Number:</b>	218-299-5175

Superintendent/Director/Administrator	
<b>Name:</b>	James O'Donnell
<b>Email Address:</b>	james.odonnell@co.clay.mn.us
<b>Telephone Number:</b>	218-299-5175

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

Facility Health Service Administrator On-Site	
Name:	Dr. Todd Leonard
Email Address:	tleonard@mendcare.com
Telephone Number:	320-774-1080

Facility Characteristics	
Designed facility capacity:	80
Current population of facility:	52
Average daily population for the past 12 months:	56
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	10-20
Facility security levels/resident custody levels:	secure and non-secure
Number of staff currently employed at the facility who may have contact with residents:	99
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	36
Number of volunteers who have contact with residents, currently authorized to enter the facility:	19

AGENCY INFORMATION	
Name of agency:	West Central Regional Juvenile Center
Governing authority or parent agency (if applicable):	
Physical Address:	729 11th St. N., Moorhead, Minnesota - 56560
Mailing Address:	
Telephone number:	2182995150

Agency Chief Executive Officer Information:	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Thomas Kylo	<b>Email Address:</b>	thomas.kylo@co.clay.mn.us

## AUDIT FINDINGS

### Narrative:

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

This PREA auditor provided access to the PREA Online Audit System (OAS) to the West Central Regional Juvenile Center approximately 8 weeks prior to the scheduled on-site audit. The auditor confirmed with the PREA Coordinator that they had access to enter the required agency PREA information. The onsite audit was scheduled for and completed on August 29-30, 2021. The auditor received access to the agency's PREA information in the OAS over 4 weeks prior to the onsite audit. The information provided was detailed, comprehensive, and no requests for further information was necessary. The information provided was reviewed by the auditor prior to the onsite audit. The auditor spoke with the PREA Coordinator before the onsite audit to develop a schedule and plan the logistics for the onsite audit. The agency was provided a notice of the audit that included the auditor's name, contact information, and dates of onsite audit. The notice was provided 8 weeks prior to the onsite audit and the agency provided time stamped photos of the audit notice posted throughout the facility. During the onsite audit the notices were observed throughout the facility and both resident and staff stated they have been posted there for many weeks. The auditor received no confidential correspondence from any residents, family of residents, or staff.

On August 29, 2021 I arrived at the facility at 8:00am and was met by their PREA Coordinator. We met with the Facility Director in a private conference room to discuss the schedule and logistics for the on-site audit. We discussed the process for and the purpose of the on-site audit. We collaboratively developed an interview schedule for staff and residents. We discussed the tour and files I would need to see and review. Lastly, we discussed the overall process of the completing the audit, determining compliance with PREA standards, the corrective action process, if necessary. I was provided a current admissions roster for both the secure and non-secure programs. The roster indicated a population of 16 in the non-secure and 38 in the secure programs. The auditor had previously provided a list staff needed to be interviewed during the on-site audit and was provided a list of all staff that work in the facility. The agency had no volunteers working in the facility at that time. The agency had contracted staff working for the school, a nurse, and mental health therapists all working during the onsite audit. The agency was well prepared for all aspects of the on-site audit.

The PREA Coordinator and I then proceeded on to the tour of the facility. The auditor had access to all areas of the facility and took notes throughout the tour while observing for cameras and other prevention measures. After the tour the remainder of Day 1 was used to conduct both staff and resident interviews. The auditor was provided a private conference room to conduct both staff and resident interviews. I began my staff interviews by interviewing the PREA Coordinator and then the Facility Director. In total I interviewed 17 distinct staff members and there were 7 of these staff that were also identified and interviewed as specialized staff. The interviews included staff from all shifts and included staff with years of experience to recently hired staff. The interviews included specialized staff interviews for: Medical and Mental Health staff, Human Resources staff, Investigative staff, staff that complete resident screenings for risk of victimization and abusiveness, incident reviewed team members, and staff members charged with monitoring for retaliation. The auditor had access to and was able to interview the staff necessary to assist with final determination of PREA standards compliance. Most staff interviews were completed on day 1 of the onsite audit with a few being completed on day 2. The staff appeared comfortable and cooperative with the interviews.

The resident interviews started on day 1 and continued into day 2 of the onsite audit. On August 29th, 2021 there were 38 residents in the secure program, 29 male and 9 female, and there were 16 residents in the non-secure program, 9 male and 7 female. The ages of the residents interviewed ranged from age 13 to 18 years old. The residents interviewed had been in the facility for just a few days to residents that had been there for months, and one resident over one year. I randomly selected residents from the roster provided to me. During the onsite audit I interviewed a total of 17 residents, 5 females and 12 males were interviewed. The resident's screenings were reviewed and along with discussion with the PREA Coordinator it was determined what residents qualified for targeted interviews. Of the 17 residents interviewed I was also able to complete 8 targeted interviews. I interviewed residents who reported prior sexual abuse during the intake screening, identified as transgender and bisexual, were deaf/hard of hearing, had cognitive disabilities, and completed room time for a violation of facility rules. These interviews were all conducted in a private and confidential visiting room. The residents interviewed were cooperative and active participants in the interviews.

Lastly, there were portions of both day one and day two of the onsite audit used for documentation review. The staff files were requested and randomly reviewed. This included review of background checks and training records. The facility reported and provided documentation of 7 sexual harassment investigations in the past 12 months. The facility reported no sexual abuse investigations during the past 12 months. Of the 7 sexual harassment investigations 5 of the allegations involved peer to peer harassment and 2 of the allegations alleged staff to peer harassment. The results of the administrative investigation of these 7 allegations found 2 of the allegations to be unfounded, 2 of investigations were unsubstantiated, and 3 of the allegations were substantiated. The investigation files for these 7 investigations were provided and reviewed by the auditor. The onsite audit then concluded with an exit meeting with the Facility Director and the PREA Coordinator. We discussed the many strengths of the facility's PREA efforts. The auditor was able to receive clarification on my final questions and then informed them of the 45-day period for me to complete my initial or final report. I explained the corrective action process if it is determined there are any corrective actions. The agency, staff, and residents were all fully cooperative with the auditor. The PREA Coordinator was organized and responsive to my requests. The level of cooperation I received from all was greatly appreciated.

The next 45 days were used to determine the agency's compliance with all the PREA standards. The auditor used the information provided in the pre-audit phase and the information gathered during the onsite audit phase. For each standard the auditor attempted to triangulate the agency's compliance with the standards. At the end of this thorough review the agency was found to be in full compliance with all standards except for 4 standards. The agency and auditor met on October 20, 2021 to discuss the initial report and findings and develop a corrective action plan.

## AUDIT FINDINGS

### Facility Characteristics:

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

The West Central Regional Juvenile Center located in Moorhead, Minnesota provides secure detention, secure correctional treatment programs, and a non-secure program. All these programs are located within the same facility, but on different floors of the 3-story building. Both the secure and non-secure programs are licensed by the Minnesota Department of Corrections. The facility has a licensed capacity of 80 residents, serves both male and female residents, and reported an average daily population during the past 12 months of 56 residents.

On the first day of the onsite audit there were 54 residents in the facility, 38 in secure and 16 in non-secure programs. There were 675 admissions during the past 12 months with an average length of stay of 30 days. Both the secure and non-secure programs have a staffing ratio of 1 to 8 during awake hours and 1 to 16 during sleep hours. The agency report 90 staff, 36 contractors, and 19 volunteers currently approved to access the building. At the time of onsite audit, the COVID-19 pandemic was restricting the number of contractors and volunteers allowed into the facility. During the onsite staff interviews staff of all positions were interviewed, including the Facility Director and multiple direct care staff members.

When you enter the front door of the West Central Regional Juvenile Center there are administrative offices on your left. To your right are two entry points into the facility with one an entry to the non-secure program and the other an entry to the secure. The tour started in non-secure program. When we entered there was a kitchen area to the left and the living areas to the right. The first living unit was the female non-secure unit. There were 8 single rooms at the time of the on-site audit and no cameras were in any of these rooms. There is a staff workstation in the middle of the female and male living areas that also functions as a divider. The male non-secure unit had 9 single bedrooms at the time of the onsite audit and no cameras in the rooms. There were community bathrooms and showers in both the male and female living areas that were gender specific. The bathrooms allow the residents privacy for use of the toilets and showers. The tour of the non-secure area continued with touring the 2 classrooms and 2 visiting rooms. The classrooms are open rooms with good sight lines and cameras for additional monitoring. The visiting rooms are smaller rooms with windows to provide good visual observation. One of the visiting rooms has a camera while the other one does not. We then proceeded to the Community Living Program called CLIPS. This is a transitional living unit that allows residents to leave the facility and work or attend other living skills activities. At the time of the onsite audit there were 14 rooms that do not have cameras. There is a staff work area in the middle of the living area providing good sight lines of the entire living unit. There were PREA posters, grievance boxes and forms, and the notice of PREA audit observable to staff and residents in this area.

We then proceeded to the secure area of the facility. The first floor of secure is the intake area and there are 8 single rooms. There is a small private office with a camera where intakes are completed, including the initial screening for risk. The search and shower area were observed and found to provide privacy for all new intakes. The garage sallyport area was also observed. There is a camera in this area, and it is in this area that new intakes are pat down searched. There was also a visiting room in the intake area that is enclosed with glass windows. There were PREA posters, grievance boxes and forms, and the notice of PREA audit observable to staff and residents in this area. The resident meals are delivered through the garage sally port and the residents either eat in their living areas or can eat in their individual rooms.

We then proceeded to the second floor of the secure facility. This floor houses the secure residential treatment programs for males and females. The first living unit we toured was the male unit. On one end of this unit there are 6 single cell rooms, then a staff office area in the middle, and then another male living unit with 7 single rooms. There are shared shower and bathroom areas that provide privacy and individual use. There were PREA posters, grievance boxes and forms, and the notice of PREA audit observable to staff and residents in this area. Outside the male living unit is a long hallway and on the other side of this hallway are multiple school classrooms. The classrooms were open and included cameras for additional monitoring. This area also included space for the contracted nurse and therapist. On the other side of the classrooms, opposite the male living areas, there is another long hallway. Off this hallway is the female living unit. This living unit has 14 single rooms with their own bathrooms in each room. There is a multipurpose area with a camera for the female residents. The facility's gym was located on the second floor. The gym was observed to be a square shape with good site lines and cameras providing additional observation. Resident recreational services are provided primarily in the gym and directly supervised by staff and/or contracted school staff. There were two visiting rooms with cameras and stairway between the first floor non-secure and secure programs. There were cameras observed throughout the stairway. Lastly, on this side of the floor there was a laundry room accessed by staff only. There were PREA posters, grievance boxes and forms, and the notice of PREA audit observable to staff and residents in this area.

The final area of the facility toured was the 3rd floor secure detention area. This area contains 3 distinct living areas which includes a 6-room area, a 10-room area, and 8-room living area. There are two classrooms on this floor, and both are like other classrooms with an open floor plan and cameras for additional coverage. The rooms each have their own toilet and each living area has a shared shower space. Cameras were located throughout the common living areas. There were PREA posters, grievance boxes and forms, and the notice of PREA audit observable to staff and residents in this area. The 3rd floor secure is also home to the control center. The control center is in the middle of the third floor and has windows that provide for direct visual monitoring of the hallway and visiting rooms. The cameras were

observed, and all appeared to provide a clear view of their intended areas. The facility had added additional camera coverage in the secure facility when they recently expanded their non-secure program. The entire facility was observed to be clean and organized.

## AUDIT FINDINGS

### Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy ). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	43
<b>Number of standards not met:</b>	0

There were four PREA standard where the agency was not fully in compliance with at the time of the onsite audit. The auditor met with the Facility Director and PREA Auditor on October 20, 2021 to discuss these four standards and develop a corrective action plan. Here are the four areas for corrective action:

1) Standard 115.334

(a) In addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

(b) Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

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

2) Standard 115.352 A policy is needed to detail their compliance with this standard.

3) Standard 115.354: The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

4) Standard 115.403A: (f) The agency shall ensure that the auditor's final report is published on the agency's website if it has one, or is otherwise made readily available to the public

On November 12, 2021 the agency completed their corrective actions. Here is a summary of that work:

Corrective Action Completed: On November 12, 2021 the PREA Coordinator provided training completion certificates for the six facility administrative investigators. The six of them have completed the PREA: Investigating Sexual Abuse in a Confinement Setting three-hour training course through the National Institute of Corrections. Also, on November 2, 2021 the PREA Coordinator had provided me with their new policy 115.334 Specialized Training: Investigations. The new policy includes all the requirements of PREA standard 115.334. Lastly, on November 12, 2021 the PREA Coordinator forwarded the email he had sent out the entire facility staff informing them of this new policy. The facility is now in full compliance with PREA standard 115.334.

Corrective Action Completed: On October 27, 2021 the PREA Coordinator provided this auditor with their policy for standard 115.352. This policy was a part of their original PREA policy but was not submitted with all their other PREA policies during the pre-audit phase. The policy details all the requirements of standard 115.352 except it states they do not have administrative procedures to address resident grievances regarding sexual abuse. We discussed this standard and it was determined that they will need to update that policy to say they do have administrative procedures. On November 2, 201 the PREA Coordinator provided me with their updated PREA Policy that included changes to policy 115.352 that now states they do have administrative procedures to address resident grievances regarding sexual abuse. The policy has always included all the requirements of PREA standards 115.352 (b, c, d, e, f, g). On November 12, 2021 the PREA Coordinator forwarded me his email to all facility staff with the updated PREA policy attached and a clear and concise explanation of the updates for staff.

Corrective Action: On November 12, 2021 the PREA Coordinator provided their updated PREA policy to this auditor. The policy now includes section 11.354 and requires the agency to receive third-party reports of sexual abuse and sexual harassment and that they distribute publicly information on how to report sexual abuse and sexual harassment on of a resident on their website. The public website was reviewed and the requested and required information is now clearly posted on their website. The facility is now in full compliance with PREA standard 115.354.

Corrective Action: The agency notified the auditor on November 12, 2021 that their previous PREA Final Audit Report is now posted their public website. The auditor verified on the website that the report is indeed posted and available on their website. The facility is now in full compliance with PREA standard 115.403.

This PREA Auditor has completed his review of the corrective actions and the facility's overall compliance with all PREA standards and determined that West Central Regional Juvenile Center is now in full compliance with all PREA standards. This final determination of full compliance is submitted on November 15, 2021.

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.311	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 501">West Central Regional Juvenile Center submitted their PREA Policy during the pre-audit phase. The policy has been reviewed and includes a Zero Tolerance of all forms of sexual abuse and sexual harassment. The policy includes a zero tolerance for harassment of those that make a report of sexual abuse. The policy meets all the requirements of PREA standard 115.211. The policy details the agencies efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy requires staff to report any knowledge or suspicion of sexual abuse and sexual harassment. All staff interviewed had a clear understanding of the agency's zero tolerance and their roles in preventing, detecting, and responding.</p> <p data-bbox="229 501 1509 680">West Central Regional Center operates both secure and non-secure programs out of the same facility. The agency operates all programs out of one facility. The agency has one PREA Coordinator to monitor and implement their PREA compliance efforts. The agency provided an organizational chart which identifies the PREA Coordinator in the hierarchy of the organization. The PREA Coordinator was able to explain that he has enough time and authority to implement and monitor all their PREA policies and practices.</p>

115.312	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	West Central Regional Juvenile Center does not contract with other agencies to provide confinement services for their youth. This was verified during interviews with the Facility Superintendent and PREA Coordinator. This standard is not applicable.

<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 622">West Central Regional Juvenile Center has a PREA Policy that includes section 115.313 that details their staffing plan and staffing requirements. The policy requires a 1 to 8 staffing ratio during awake hours and a 1 to 16 ratio during sleep hours. The 1 to 8 staffing ratios was directly observed during the on-site portion of the audit. During staff interviews it was also shared that the staffing plan is always followed. At the time of the audit there had been no instances of deviating from the staffing plan. The facility has not been operating at full capacity and their staffing plan was developed for their overall facility capacity. The Facility Director was interviewed regarding the staffing plan and they identified all areas in paragraph (a) of this standard as considerations when reviewing this plan yearly. During the pre-audit phase annual reviews of the staffing plan were provided and reviewed. The reviews included staffing patterns, deployment of monitoring technology and other facility resources. The Facility Director was able to describe the process they have in place to discuss and review their staffing plan.</p> <p data-bbox="229 622 1509 824">The policy provided in the pre-audit phase also requires Intermediate or Higher-Level Supervisory staff to conduct unannounced rounds. The policy also requires that staff do not alert each other that the unannounced rounds are occurring and the rounds include evening shifts. The agency provided the auditor with documentation of completed rounds in 2019, 2020, and 2021. These completed unannounced rounds were documented and signed off by the PREA Coordinator. During the onsite interviews the PREA Coordinator was able to detail his responsibilities in conducting unannounced rounds and what is observed and looked for during the round.</p>

115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 499">During the pre-audit phase, the agency provided the auditor policy 115.315. The policy was thoroughly reviewed and determined to prohibit cross-gender strip searches of residents. In the past 12 months the facility has completed zero cross-gender searches of residents. The policy also prohibits cross-gender pat down searches of residents and no incidents of cross-gender pat down searches were reported in the past 12 months. During the onsite portion of the audit a random sample of both staff and residents were interviewed. The staff were all aware that cross gender strip and pat down searches were prohibited and would not occur. The residents indicated they were searched by same gender staff members and were not aware of any instances where there were cross gender searches.</p> <p data-bbox="240 533 1477 656">The staff all reported and were able to describe the cross-gender pat down training they had received. The auditor was provided the training curriculum and training records of all staff who had completed the training. The training teaches staff how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner.</p> <p data-bbox="240 689 1493 880">The policy requires all opposite gender staff to announce their presence when entering a housing unit. During the onsite audit it was observed that staff were announcing "male on the unit" or "female on the unit" as they entered housing units. The onsite interviews of both staff and residents confirmed that the staff announcing regularly occurs. Furthermore, the residents were able to detail how they shower, perform bodily functions, and change clothing with privacy. The random staff interviewed also described how privacy is provided and staff announce their presence so residents can have this level of privacy.</p> <p data-bbox="240 913 1485 1104">The agency policy prohibits a search or physical examination of a transgender or intersex resident solely to determine the resident's genital status. At the time of the audit there were no reported incidents of such searches. Throughout the random staff interviews there was a clear understanding that such searches were not allowed and have not occurred. There was one youth who identified as transgender interviewed during the onsite audit and that youth reported they were not searched or examined to determine genital status and they have been able to shower and use the toilet without being observed by others.</p>

<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1485 734">The agency's PREA policies were provided and reviewed during the pre-audit phase. The Section 115.316 details their compliance efforts with the PREA standards. The policy states that PREA education will be provided to all youth in a manner that they can understand. The policy also states that they do not use resident interpreters, readers, or any other types of resident assistants to assist other residents who are limited English proficient in reporting sexual abuse and sexual harassment. The PREA education video was reviewed during the onsite audit and was developed to meet a wide range of cognitive abilities. The video is also available in Spanish for spanish speaking residents and Spanish is the second most common language spoken by residents after English. The staff who complete intakes were able to describe the steps they take to make sure that youth understand the resident PREA information. This included the use of a local interpreter service and language lines, when needed. I interviewed one residents who was identified as having a cognitive disability and the resident was able to explain the PREA education video and had a clear understanding of the facility's Zero Tolerance of sexual abuse and harassment, including how he could report any concerns. The agency has an MOU with the Rape and Abuse Crisis Center of Fargo-Moorhead and their phone number is listed on the PREA information provided to the residents. This auditor spoke with staff at the Crisis Center and they confirmed they have interpreter services and can accommodate youth with disabilities.</p>

115.317	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 190 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 504">The agency's PREA policy was provided and reviewed during the pre-audit phase. The policy thoroughly details their hiring and personnel practices and align with the requirements in this PREA standard. Per policy, the agency will not hire staff who have engaged in sexual abuse in confinement settings, as well as persons convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, implied threats of force or coercion. The policy also requires that they consider sexual harassment incidents when making hiring or promotional decisions. The agency asks candidates for employment about any previous misconduct described in PREA standard 115.317 (a). The documentation of these questions of candidates was provided and reviewed.</p> <p data-bbox="231 504 1508 784">During the onsite portion of the audit the manager responsible for all facility human resources activities was interviewed. The manager was able describe their compliance efforts and compliance with this PREA standard. I was provided completed PREA employment screenings for past hires and current employees. He reported all potential staff, contractors, and volunteers are required to submit to a background check that includes criminal history through the Minnesota Bureau of Criminal Apprehension and a review of the child registry maintained by the Minnesota Department of Human Services. All current employees had a criminal background check completed within the past 5 years and access to these documents was provided for my verification. By policy and confirmed through interviews, the agency shall have grounds for termination on confirmed cases of staff omission of information regarding sexual misconduct.</p>

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency provided their PREA policy during the pre-audit phase and this policy details their compliance efforts with PREA standard 115.318. In 2020 the agency updated their facility to add non-secure beds and increase cameras to the secure portion of the facility. During the onsite interview with the Facility Director it was detailed how the design of the new non-secure program considered the safety of both residents and staff regarding sexual abuse. The physical design and placement of cameras was discussed, and priority was given to making sure the agency's prevention, detection, and responding efforts to sexual abuse were enhanced by these designs. During the onsite tour the PREA Coordinator identified the additional location of cameras in the secure portion of the facility. Both the Director and Coordinator expressed an understanding and commitment to the role cameras and technology can play in supporting resident safety. The location of cameras was viewed throughout the tour and included observing the monitors in the control center. It appeared that all areas of both the secure and non-secure programs had sufficient camera coverage.</p>

<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 680">The agency's PREA policy was provided and reviewed during the pre-audit phase. The policy details their compliance efforts with PREA standard 115.321. The policy requires a developmentally appropriate and uniform evidence procedures. During the staff interviews all staff were able to state these procedures. Staff stated they would protect evidence or crime scenes, but not collect evidence. They would advise victims not to destroy potential evidence and ensure that the alleged perpetrator does not destroy potential evidence. All staff articulated an understanding that criminal investigations are referred to the Clay County Sheriff's Office. During the onsite audit the auditor interviewed the primary facility investigator from the Clay County Sheriff's Office. He detailed his understanding of the PREA standards for criminal investigation and shared their compliance with these standards. The staff and investigator shared that all potential victims of sexual assault would be provided a sexual assault examination at Sanford Health Medical Center, The auditor contacted the Rape and Abuse Crisis Center of Moorhead-Fargo and verified that they would provide victim services to the residents of this facility as needed and within the PREA standards. An MOU between the facility and Rape and Abuse Crisis Center was provided and reviewed. The MOU details both the facility and victim services roles in providing services to alleged victims of sexual abuse at the facility.</p>

115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 190 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 649">The agency's PREA policies require all allegations of sexual abuse and sexual harassment are investigated. The agency website was reviewed, and the agency has posted a detailed Zero Tolerance statement that declares all reports of sexual abuse and sexual harassment will be investigated. The website details how all criminal investigations will be reported to the Clay County Sheriff's Office. The primary facility investigator assigned by the Sheriff's Office was interviewed onsite and he detailed his immediate investigation of criminal allegations in the facility. There was one current investigation during the past 12 months and that investigation was still active during the onsite audit. The agency provided all their documentation of their administrative investigations during the onsite audit for my review. In the past 12 months there was 7 cases of sexual harassment investigated. The administrative investigations found 3 cases of harassment to be substantiated, 2 cases were found to be unsubstantiated, and the remaining 2 cases were determined to be unfounded. The staff and residents all reported during the on-site interviews an understanding that all reports are investigated. The staff understood that criminal investigations are completed by the Clay County Sheriff's Office.</p>

<b>115.331</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1485 528">The West Central Regional Juvenile Facility has a PREA policy that meets all the requirements of PREA standard 115.331. The staff training curriculum was provided and reviewed. The training includes information on working with both male and female residents, while also including all topics required in PREA standard 115.331 (a). All staff interviewed understood their roles in prevention, detection, and responding to any known or suspected allegations of sexual abuse or sexual harassment. The staff were able to describe the training material, including training on areas required within standard 115.331. All staff training records were reviewed, and all staff had signed off and dated their training within the past 2 years. The policy, training curriculum, staff interview responses, and the documentation of the training all support a finding of full compliance with this standard.</p>

<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1493 528">The agency PREA policy includes section 115.332 which details their compliance efforts with this particular PREA standard. The policy requires all contractors and volunteers to receive training and document the completion of this training. The onsite audit occurred during the COVID-19 pandemic, so the number of contractors and volunteers was lower than prior to the pandemic. There were no volunteers currently in the facility. The facility contracts for medical and mental health services and both the nurse and therapist were interviewed during the onsite audit. They both shared a good understanding of their PREA training. They understood their roles in preventing, detecting, and responding to any suspicion of sexual misconduct. The review of training records included the records of contractors and all appeared up to date and completed within the past 2 years.</p>

<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1493 499">The agency provided their PREA policy during the pre-audit phase. The policy was reviewed and details their compliance efforts with standard 115.333. The policy requires that all residents receive age appropriate education on their rights to be free from sexual abuse, sexual harassment, and how they can report. The residents will receive this education at the time of intake and within 10 days of the start of their placement in the facility. The facility staff provide each new intake with both written education materials and a PREA education video. Both the written material and video were reviewed by the auditor and found contain all the requirements of the PREA standards. After review of the material the residents sign off on receiving the education.</p> <p data-bbox="242 530 1477 790">During the onsite audit the auditor interviewed staff responsible for completing intakes and providing the resident education. All the staff responsible for completing the intakes reported a clear understanding of their responsibility to provide the PREA education for all intakes in both the written and video formats. The second most common language spoken at the facility by residents is Spanish and the PREA video is provided in Spanish for those youth. Staff also described how they make sure limited English speaking or youth with cognitive deficits have a clear understanding of their rights. The staff reported the use of language line when necessary. Along with these educational materials reviewed at intake there were PREA posters throughout the facility and in all resident living areas. The posters detailed the resident rights and how the resident options for making a report verbally, in writing, and anonymously.</p> <p data-bbox="242 822 1477 1016">During the onsite audit there were 16 residents interviewed, 5 from the non-secure program and 11 from the secure programs. The residents all understood their rights to be free from sexual abuse and sexual harassment. They understood how to report an suspicion of sexual misconduct, including verbally reporting to staff or another trusted adult, anonymously by submitted a grievance form in the drop boxes located throughout the facility, or by calling a third party, such as the PREA hotline. The auditor verified with the Rape and Abuse Crisis Center of Fargo-Moorhead that they would take a report from residents and make sure the report was forwarded for investigation.</p>

115.334	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 273 1485 465">During the onsite audit it was determined that the agency conducts administrative investigations of sexual harassment allegations and refers all criminal investigations to law enforcement. I interviewed the Clay County Sheriff Deputy who is the primary investigator assigned to the facility. He reported having training and education in all the areas required by this PREA standard. His training included training on interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria required to substantiate a case for prosecution referral. His investigation includes the completion of a formal written report</p> <p data-bbox="242 499 1485 622">The agency did not provide a written policy for PREA standard 115.334. The agency conducts administrative investigations of sexual harassment allegations that could potentially lead to criminal investigations. The agency will be asked to provide a written policy and provide evidence of completion of specialized investigation training that matches the level of investigations agency staff conduct.</p> <p data-bbox="242 656 1485 880">Corrective Action Completed: On November 12, 2021 the PREA Coordinator provided training completion certificates for the six facility administrative investigators. The six of them have completed the PREA: Investigating Sexual Abuse in a Confinement Setting three-hour training course through the National Institute of Corrections. Also, on November 2, 2021 the PREA Coordinator had provided me with their new policy 115.334 Specialized Training: Investigations. The new policy includes all the requirements of PREA standard 115.334. Lastly, on November 12, 2021 the PREA Coordinator forwarded the email he had sent out the entire facility staff informing them of this new policy. The facility is now in full compliance with PREA standard 115.334.</p>

115.335	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 582">The agency provided their PREA policies during the pre-audit phase. The section 155.335 details their compliance efforts with this PREA standard. All medical and mental health staff are required to be trained on how to prevent, detect, and respond to sexual abuse or sexual harassment in the facility. West Central Regional Juvenile Facility contracts for both medical and mental health services. They have a contracted nurse and therapist on site during the work week. During the on-site audit the two contracted staff were interviewed, and both were able to describe their training and understanding of their roles in preventing, detecting, and responding to sexual misconduct in the facility. The auditor was provided the training records for the mental health and medical staff assigned to the facility. The agency does not allow forensic medical examinations to occur in the facility and will ensure these exams are conducted at Sanford Health Medical Center. This policy was also understood by the contract nurse.</p>

115.341	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 273 1469 533">The agency's PREA policy includes section 115.341, which details their compliance efforts with this PREA standard. The policy requires each resident to be screened within 72 hours of intake and periodically throughout their stay. The screening tool was provided and reviewed. Both the policy and screening tool include all the necessary requirements of standard 115.341 (c). This includes asking questions about the resident's history of being victimized or perpetrating on others. The residents are also asked for their own perceptions regarding their own safety in the facility. There are also areas of the tool for the staff to include their observations of risk. The risk areas include the youth's size, stature, and behaviors that may place them at risk to be victimized or perpetrate. The information gathered in the tool is then used to determine appropriate and safe housing and programming options for the youth.</p> <p data-bbox="242 564 1490 922">During the onsite audit multiple staff that administer the screening were interviewed. All staff interviewed had a good understanding of both how to administer the screening and what the information gathered is used for. The staff reported gathering information from conversations with youth, reviewing records, observations, medical and mental health screenings, and other relevant documents. The information gathered in the screening is then used to determine where to safely program and house the youth. The facility has mainly single bed resident rooms, but also has a few double bedrooms. The information gathered in the screenings is used to determine appropriate and safe assignments of the double rooms. Within 7 days of the intake the primary staff assigned to each youth will review and update the screening of the youth. The youth's risk of vulnerability or perpetration of sexual abuse is continuously reviewed throughout placement and always when a resident changes housing unit. The completed and updated screenings are then saved in the facility's information system and controls are in place that allows access to staff that need the information and protects the privacy of the youth. The staff interviewed all understood the information in the screening was confidential and private.</p> <p data-bbox="242 931 1490 1057">During the 16 resident interviews they all responded that they had received this screening at the intake. This included residents who had recently been admitted and residents who had been residing for months in the facility. The residents reported participating in this screening within hours of their intake and always within 24 hours. The residents also shared that they were asked about their own concerns and perceptions of their safety when screened.</p>

115.342	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 725">The agency's PREA policies were reviewed during the pre-audit phase. The policy section 115.342 detailed the agency's requirements for compliance with this PREA standard. The policy prohibits placing lesbian, gay, bisexual, transgender, and intersex residents in housing or bed assignments solely based on that identification. The facility immediately begins screening youth for risk of victimization and perpetration of sexual abuse and sexual harassment. This information and other information is used to determine appropriate and safe housing, education, and programming assignments. The staff assigned to complete these screenings were all consistent in understanding and following this policy and practice. The PREA Coordinator described how youth are reviewed and screened periodically throughout their stay and always when changing housing areas. The staff who complete the screenings and who determine appropriate housing all detailed how they attempt to accommodate the wishes and needs of transgender and intersex youth when determining housing and programming. All residents reported the ability to shower alone and not viewed by other residents or staff. During the onsite interviews there was one targeted interview with a resident who identified as transgender. The resident shared they were asked questions about their safety at intake, were not placed in housing unit for only transgender youth, can shower without other residents, and was not searched without clothing for the sole purpose of determining their gender.</p> <p data-bbox="229 725 1509 994">The agency policy requires that residents may only be isolated as last resort when less restrictive measures cannot keep them safe. Furthermore, any use of isolation is clearly documented and includes why less restrictive measures were not used. During any such isolation the resident will be allowed their rights as required by PREA standards. The policy and PREA standards are also reinforced by the MN State Licensing Standards which require thorough documentation of use of disciplinary room time and requires the youth on this status are not denied basic rights, including access to medical and mental health services.</p>

<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 745">The agency's PREA policy was reviewed and the policy requires reporting opportunities for residents that comply with PREA standard 115.351. The policy clearly requires that residents may report allegations of sexual abuse and sexual harassment verbally, in writing, and with third parties. The resident education materials provided at intake and throughout a resident's stay inform the residents on how to make these reports. The agency has an MOU with the Rape and Abuse Crisis Center of Fargo-Moorhead to provide victim services and accept third party reports from the facility. During the pre-audit phase the Crisis Center was contacted by the auditor and stated they do provide victim services and will also accept reports from the facility. They reported having no reports in the past 12 months. During the on-site interviews with residents they all understood they could verbally report to a trusted staff member or other trusted adult. They reported they could write a grievance and place in the grievance boxes located throughout the facility. The residents also reported they could call the Crisis Center or PREA Hotline. The residents were confident that they could report in a confidential or anonymous manner, if necessary. The auditor observed the grievance boxes and found writing material available for residents to make a report. During the staff interviews staff were able to share how they would make a report to administration when they suspect any form of sexual misconduct. The staff were able to share several private reporting options for staff if the person they would normally report to was unavailable or not an appropriate person to report to.</p>

<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1484 398">The agency did not provide policy or procedures related to this standard. They are not exempt from this standard as residents report sexual abuse using a grievance form. The agency will provide the auditor with an updated policy and share this information with staff during the corrective action period. There were no residents that had reported sexual abuse during the onsite interviews.</p> <p data-bbox="240 432 1493 757">Corrective Action Completed: On October 27, 2021 the PREA Coordinator provided this auditor with their policy for standard 115.352. This policy was a part of their original PREA policy but was mistakenly not submitted with all their other PREA policies during the pre-audit phase. The policy details all the requirements of standard 115.352 except it states they do not have administrative procedures to address resident grievances regarding sexual abuse. We discussed this standard and it was determined that they will need to update that policy to say they do have administrative procedures. On November 2, 201 the PREA Coordinator provided me with their updated PREA Policy that included changes to policy 115.352 that now states they do have administrative procedures to address resident grievances regarding sexual abuse. The policy has always included all the requirements of PREA standards 115.352 (b, c, d, e, f, g). On November12, 2021 the PREA Coordinator forwarded me his email to all facility staff with the updated PREA policy attached and a clear and concise explanation of the updates for staff. The facility is now in full compliance with PREA standard 115.352.</p>

<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 190 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 683">The auditor was provided the agency PREA policy and their MOU with the Rape and Abuse Crisis Center of Fargo-Moorhead. The policy was reviewed and found to include all components of PREA standard 115.353. The MOU details an agreement between the agency and the Rape and Abuse Crisis Center of Fargo-Moorhead. The auditor contacted the crisis center during the pre-audit phase, and they stated that they would provide confidential victim services to victims of sexual abuse, including the youth at the West Central Regional Juvenile Center. The contact information for the crisis center is provided in the resident's educational pamphlet they receive at intake and posted on the PREA posters throughout the building. The residents can keep the PREA educational pamphlet with them in their rooms and throughout their stay. There were 16 resident interviews completed during the onsite portion of the audit. The residents reported an understanding of the victim and support services available to them. The residents stated that they believe the communication with the crisis center would be private. The residents also shared their ability to communicate with their legal representatives and legal guardians. The residents shared that they have visiting options that include phone calls, in person visits and virtual visits. Their ability to contact their attorneys was described as both reasonable and confidential.</p>

115.354	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1461 398">The agency did not provide a policy and a policy will be required during their corrective action period to attain compliance with this standard. The agency's website was reviewed and found to include information on their Zero Tolerance of Sexual Misconduct and who to contact from the facility. During the corrective action period the facility will add language to the website to make it more clear on how to make a third-party report and a report on behalf of a resident.</p> <p data-bbox="244 432 1493 584">Corrective Action: On November 12, 2021 the PREA Coordinator provided their updated PREA policy to this auditor. The policy now includes section 11.354 and requires the agency to receive third-party reports of sexual abuse and sexual harassment and that they distribute publicly information on how to report sexual abuse and sexual harassment on of a resident on their website. The public website was reviewed and the requested and required information is now clearly posted on their website. The facility is now in full compliance with PREA standard 115.354.</p>

115.361	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 197 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 459">The agency provided their PREA policy during the pre-audit phase. Section 115.361 of the policy details their compliance efforts with this PREA standard. The policy requires staff to report to facility administration immediately any knowledge or suspicion of sexual abuse or sexual harassment, retaliation for reporting sexual misconduct, and any staff failure to perform duties that may have contributed to the sexual misconduct. The policy requires that all reports will be referred for investigation and that proper notification of parents or legal guardians occurs in a timely manner.</p> <p data-bbox="231 459 1508 817">During the on-site audit the auditor interviewed a random sample of staff. During these interviews all staff reported an understanding to report to administration any known or suspected incidents of sexual abuse and sexual misconduct. There was an understanding presented by staff that these reports are confidential and that they should not be talking to other staff about this report. Furthermore, staff understood and shared that they would make these reports immediately and then document the report. Interviews with both the medical nurse and mental health therapist demonstrated their understanding of what, when, and how they should make reports of sexual misconduct within the facility. The Facility Director and PREA Coordinator were both interviewed. The PREA Coordinator is also on the facility's administrative investigators. Both stated they would immediately respond to any reports that placed residents or staff at risk of sexual abuse or sexual harassment. They both stated they would immediately refer all potential criminal investigations to the Clay County Sheriff's Office. There were 7 reports of possible sexual harassment during the past 12 months and the documentation reviewed by the auditor indicated a timely report and investigation in these cases.</p>

115.362	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency's PREA policy was provided and reviewed. The policy requires an immediate response when a resident is subjected to substantial risk of imminent sexual abuse and requires immediate action to protect the resident. There was a consistent understanding of this policy when interviewing staff. The management and leadership team of the facility shared their expectation of an immediate response when interviewed during the onsite audit. Throughout the random staff interviews the staff understood this expectation and were able to articulate several different measures they would take to keep a youth safe when in imminent harm. The review of the previous year's reports of harassment showed an immediate response to those reports.</p>

<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency's PREA policy was provided and reviewed during the pre-audit phase. The policy requires the Facility Director to notify to another facility director if they were to learn that sexual abuse occurred in another facility. The policy requires this notification occurs within 72 hours, that the proper investigative agency is notified, and the notification is documented. During the onsite interview with the Facility Director he understood his responsibilities required by policy and PREA standard 115.363. There were no incidents of these reports in the past 12 months according to the Facility Director.</p>

<b>115.364</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1493 501">Per the agency's PREA Policy section 115.364, staff must separate the alleged victim and perpetrator, secure and protect the potential crime scene, and protect possible evidence. The policy requires staff to request victims do not take action to destroy potential evidence while the policy requires staff to ensure that the alleged perpetrator does not destroy evidence. During the onsite interviews with staff they were able to articulate an understanding of these requirements. Staff were consistent in responding that they would separate the alleged victim and perpetrator, while working to protect potential evidence as required by this standard. The auditor shared with the PREA Coordinator a first responder "cheat sheet" that staff in other facilities carry with them and the facility is creating these for their staff.</p>

<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has a PREA policy that includes section 115.365. This policy details the agency's written plan to coordinate actions amongst staff first responders, medical and mental health practitioners, investigators, and facility leadership. The Facility Director was able to describe this written plan in his on-site interview. There were no cases of sexual abuse reported in the past 12 months and the agency leadership has a good understanding of their coordinated plan shall they need to respond to an incident of sexual abuse.</p>

<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Both the Facility Director and Human Resources staff were interviewed during the onsite audit. Both were clear in stating they are not limited in removing sexual abusers from contact with residents pending the outcome of an investigation or a determination of what extent discipline is warranted. There are no barriers within their labor agreements to meet the requirements of PREA standard 115.366. There were no such cases to reivew in the past 12 months.

<b>115.367</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 613">The agency provided their PREA policy which includes section 115.367. This section of the policy details their compliance efforts with PREA standard 115.36. The policy requires residents and staff who report sexual abuse or sexual harassment or who cooperate with an investigation are protected from retaliation from other residents of staff. The policy requires a minimum 90-day monitoring period that includes periodic status checks with residents. The agency assigns the program supervisors to monitor retaliation for their programs. During the onsite interview the auditor interviewed one of these supervisors assigned to monitoring for retaliation. They were able to detail all the efforts they take to protect residents from retaliation. These efforts include periodic check-ins with the alleged victim and/or reporter of the alleged abuse. The monitoring also includes looking for any concerns in interactions between residents and staff, including excessive use of consequences given by staff. The policy and staff understanding of their duties were both clear and in compliance with this standard.</p>

<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 548">The agency policy was provided and reviewed. The policy requires that use of segregated housing to protect a resident who is alleged to have suffered sexual abuse is subject to all requirements of PREA standard 115.342. Furthermore, the policy requires that use of segregation to protect a resident can only be used if approved by a unit supervisor and can only last until less restrictive safety measures can be put in place. In the past 12 months there were no incidents of using segregation housing to protect a resident from sexual abuse or who had suffered alleged sexual abuse. This information was further confirmed during the onsite interviews with the PREA Coordinator and Facility Director. The facility is also licensed by the Minnesota Department of Corrections. The MN licensing rules require residents in any isolation continue to receive their basic rights, which includes education, exercise, and mental health services.</p>

115.371	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 714">The agency provided their PREA Policy during the pre-audit phase. The policy was reviewed and found to detail all necessary efforts for compliance with PREA standard 115.371. The agency refers all criminal investigations to the Clay County Sheriff's Office. The sheriff investigator primarily assigned to the facility was interviewed during the onsite audit phase. The investigator was asked specific questions regarding compliance with this standard and was able to detail an investigation procedure that met the specific requirements of the standard. The investigator would not stop an investigation when a staff member is alleged to have committed sexual abuse or sexual harassment and they have left employment. The investigator details their timeliness with investigations, detailed report writing, and consultation procedures with charging attorneys to determine if criminal charges are appropriate. The agency conducts administrative investigations of Sexual Harassment and will refer to law enforcement at any time there appears to be possible criminal actions. The auditor was provided and reviewed detailed documentation of administrative investigations and the reports were found to include information required in standard 115.371 (g). During the onsite audit interviews the Facility Director and PREA Coordinator detail the administrative investigation process and when they refer to law enforcement. There is a clear understanding of the procedures by those involved.</p>

115.372	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency policy imposes a standard no higher than the preponderance of the evidence in determining whether allegations of sexual abuse and sexual harassment are substantiated. During the onsite interview the auditor reviewed completed investigation reports and interviewed both administrative and criminal investigators. The investigators were consistent in stating that preponderance of the evidence is the standard used to determine whether allegations are substantiated.</p>

<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1477 434">The agency's PREA policy was provided and reviewed. The policy details all the requirements of PREA standard 115.373. The administrative investigation documents were reviewed and included documentation of notification to victims and those that reported. The primary criminal investigator from the Clay County Sheriff's Office detailed a notification process that is following the standards. This includes periodic updates to the facility administration and victims throughout the investigation. In the past 12 months there were no reports or investigations of sexual abuse in the facility.</p>

<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency provided for review their PREA policy, which included a section detailing their compliance with PREA Standard 115.376. Per policy, staff is subject to disciplinary sanctions up to and including termination for violating agency sexual harassment and sexual abuse policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The policy further requires all violations will be reported to law enforcement, unless clearly not criminal. During interviews with the Facility Director and Human Resources staff they shared knowledge and understanding of this policy and PREA Standard. There have been no incidents of sexual abuse in the past 12 months and no investigations of sexual harassment that resulted in staff discipline.</p>

<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 512">The agency's PREA policy was provided and reviewed. The section 115.377 details their compliance with this PREA standard. Per policy, the agency prohibits contact between residents and any contractor/volunteer who engages in sexual abuse and shall report to law enforcement for investigation, unless the activity is clearly not criminal. Per policy, the agency will take appropriate remedial measures and consider prohibiting further contact with residents for contractors or volunteers who violations agency sexual abuse and sexual harassment policies. The Facility Director was interviewed during the onsite audit and shared an understanding of this policy and how they would respond to these situations. In the past 12 months there be no cases reported of contractors or volunteers engaging in sexual abuse or sexual harassment of residents.</p>

<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency policy was reviewed and found to provide facility standards in compliance with PREA standard 155.378. The policy requires residents to be subjected to disciplinary sanctions only pursuant to formal disciplinary process following a finding of resident on resident sexual abuse or sexual harassment. Furthermore, the policy requires sanctions shall be commensurate with the nature and circumstances of the abuse committed, the youth's disciplinary history, and comparable sanction's for other youth with similar history. This includes considering whether the resident's disabilities or mental illness contributed to the behavior. Also, if room time results from the incident and due process, the residents will have access to their basic rights, including exercise and education. The contracted nurse and therapists responded that they both regularly meet with residents on room time status. The policy was reviewed with the Facility Director who articulated an understanding of both the policy and PREA standard. The facility is licensed by the MN Department of Corrections that has similar requirements in their licensing standards. A review of substantiated cases of resident on resident sexual harassment found the agency follows this policy in their practices.</p>

<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 190 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 683">The agency provided their PREA policy during the pre-audit phase. The policy contains section 115.381 which details their compliance efforts with this standard. The agency asks all new residents during the screening for risk at intake if they have been a victim of sexual abuse or if they have perpetrated sexual abuse on others. The screening instrument requires staff to ask victims of sexual abuse if they would like to be seen by a medical or mental health staff. The instrument directs staff to ask residents who report perpetrating sexual abuse on others if they would be seen by a mental health professional. The staff who complete the screenings at intake all understood their responsibilities to make these referrals. There were two residents interviewed during the onsite audit who had reported being victims of sexual abuse during the intake screening. Both residents were interviewed and reported they had been offered and chose to meet with mental health staff. They reported this occurred within days of admission. The contracted nurse and medical professional were interviewed and they were able to share the safeguards they have in place to protect this confidential information regarding sexual abuse. Both medical and mental health staff are bound by State of Minnesota mandated reporting laws regarding information consent and interviews and both shared an understanding of these laws.</p>

115.382	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1493 600">The section 115.382 of the agency's PREA policy was provided and reviewed. The policy requires the agency to provide immediate emergency access to medical and mental health care for victims of sexual abuse. The policy also requires that these services are provided in a timely manner and at no cost to the victim and provided regardless whether the victim names the abuser or cooperates with any ensuing investigation arising from the alleged incident. Also, the policy requires a resident victim of sexual abuse to be offered timely information about and access to emergency contraception and follow up care for sexually transmitted or communicable diseases. During the onsite interviews the contracted nurse and mental health staff were both interviewed. They were both aware of their roles in responding to a case of sexual abuse in the facility. The nurse stated that the sexual assault examinations would occur at the local hospital. The mental health therapist reported an understanding of how to access support and services for victims, including contacting the Rape and Abuse Crisis Center of Fargo-Moorhead.</p>

115.383	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 582">During the pre-audit phase the agency's PREA policy was provided and reviewed. The policy includes all the requirements of PREA standard 115.383. The policy requires the agency to offer residents who disclose prior sexual victimization and abusiveness follow up mental and medical health care. This level of mental and medical health care will be consistent with the community level of care. During the onsite interview with the nurse they confirmed that pregnancy testing and tests for sexually transmitted diseases are available to victims of sexual abuse while incarcerated. The nurse also stated that treatment plans from the hospitals or other treatment facilities are followed within the facility. All services are provided to victims at no financial cost. The onsite interview with the mental health therapist supported compliance with this standard as the therapist detailed the mental health services that would be available to a victim of sexual abuse. There were no reported cases of sexual abuse in the past 12 months.</p>

<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 190 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 649">The agency provided both their PREA Policy and the Sexual Abuse Incident Review form during the pre-audit phase. Both were reviewed by the auditor and found to meet PREA standard 115.386. The agency has an incident review team that includes the Facility Director, Supervisors, and PREA Coordinator. During onsite interviews the PREA Coordinator and Facility Director stated they would also include medical and mental health staff when needed in reviews. They also shared an understanding of the role of the incident review team and the purpose of this team. Per policy, the agency will conduct a sexual abuse incident review at the conclusion of all sexual abuse investigations, unless the allegation was unfounded. The incident review team will consider whether changes to policy or practice needs to occur to improve their prevention, detection, and responding to sexual abuse allegations. This review considers what led to the incident, physical location, and staffing levels at the time of the alleged incident, including were staff performing their duties as prescribed. Per policy, the agency will prepare a report to identify these areas of improvements and document the implementations of these recommendations. The agency has had no sexual abuse investigations in the past 12 months.</p>

<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency's PREA policy was provided and reviewed during the pre-audit phase. This policy includes section 115.387 which details their compliance with this PREA standard. The agency does respond to Survey of Sexual Violence from the Department of Justice each year and by June 30th. This was verified by review of completed surveys and confirmation during interviews with both the Facility Director and PREA Coordinator. Per agency policy accurate and uniform data will be collected for every allegation of sexual abuse. The agency uses a standardized set of definitions as prescribed by the Survey of Sexual Violence. There were no incidents of sexual abuse in the past 12 months. The data gathered is aggregated annually from their incident-based documents, investigation files, and sexual abuse incident review team reports.</p>

<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 512">The agency's PREA policy requires that data is collected and reviewed to assess and improve their effectiveness of the sexual abuse preventions, detection, and response procedures. The policy details their compliance efforts with PREA standard 115.388. The agency's website was reviewed during the pre-audit phase found to have the previous five years of annual reports on the website. The annual reports are reviewed and signed off by the Facility Director before being placed on the website. Policy requires all personal identifications are removed from the reports and there were no such identifications found in the posted reports. During the onsite interviews the Facility Director and PREA Coordinator both shared how they gather data for the report, write the report, and eventually post the report on the website.</p>

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 197 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 483">The agency PREA policy requires the facility to publish summary level information about sexual abuse allegations once per year on their website. The facility maintains the information, documents, and electronic records associated with creating this report of their sexual abuse data for at least 10 years. Both the PREA Coordinator and Facility Director understood their responsibilities in collecting the data, securing the information, and preparing the report for the website. The website was viewed by auditor during the pre-audit phase and found to include the reports from previous years within compliance of the PREA standards.</p>

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The was the second PREA audit for the West Central Regional Juvenile Center. The agency provided detailed information during the pre-audit phase. This auditor had access to and toured all areas of the facility. The interviews of both staff and residents were conducted in private and confidential. The agency was provided a notice of the upcoming audit by the auditor and posted throughout their facility. The auditor was provided with time stamped photographs of the notice posted throughout the facility.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The previous PREA audit was not available on their public website. During the corrective action period the agency will be asked to post their previous audit report.</p> <p>Corrective Action: The agency notified the auditor on November 12, 2021 that their previous PREA Final Audit Report is now posted their public website. The auditor verified on the website that the report is indeed posted and available on their website. The facility is now in full compliance with PREA standard 115.403.</p>

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</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 residents OR the response to 115.312(a)-1 is "NO".)	na

115.313 (a)	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities )	yes
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</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 residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</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 residents?	yes
<b>115.317 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</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 residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. )	yes
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes

<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
<b>115.331 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

<b>115.331 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.331 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</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 or the agency does not employ medical staff.)	yes
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

<b>115.342 (c)</b>	<b>Placement of residents</b>	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	no
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.364 (b)</b>	<b>Staff first responder duties</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
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes

<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</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 residents?	yes
<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	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
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.387 (c)</b>	<b>Data collection</b>	
	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
<b>115.387 (d)</b>	<b>Data collection</b>	
	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
<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.387 (f)</b>	<b>Data collection</b>	
	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
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.388 (b)</b>	<b>Data review for corrective action</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
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</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

<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes