PREA Facility Audit Report: Final

Name of Facility: North Dakota Youth Correctional Center
Facility Type: Juvenile
Date Interim Report Submitted: 06/21/2026
Date Final Report Submitted: 10/20/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
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.	☑
Auditor Full Name as Signed: La Cole Archuletta	**Date of Signature:** 10/20/2026

AUDITOR INFORMATION	
Auditor name:	Archuletta, La Cole
Email:	larchuletta@gmail.com
Start Date of On-Site Audit:	04/01/2026
End Date of On-Site Audit:	04/03/2026

FACILITY INFORMATION	
Facility name:	North Dakota Youth Correctional Center
Facility physical address:	701 16th Avenue Southwest, Fort Rice, North Dakota - 58554
Facility mailing address:	

Primary Contact

Name:	Bryan Harris
Email Address:	bcharris@nd.gov
Telephone Number:	701-667-7372

Superintendent/Director/Administrator	
Name:	Casey Traynor
Email Address:	ctraynor@nd.gov
Telephone Number:	701-667-1408

Facility PREA Compliance Manager	
Name:	Bryan Harris
Email Address:	bcharris@nd.gov
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Donnette Weil
Email Address:	djweil@nd.gov
Telephone Number:	701-667-1410

Facility Characteristics	
Designed facility capacity:	40
Current population of facility:	33
Average daily population for the past 12 months:	32
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys

Age range of population:	12-19
Facility security levels/resident custody levels:	Medium/Maximum
Number of staff currently employed at the facility who may have contact with residents:	76
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	309
Number of volunteers who have contact with residents, currently authorized to enter the facility:	44

AGENCY INFORMATION	
Name of agency:	North Dakota Department of Corrections and Rehabilitation
Governing authority or parent agency (if applicable):	
Physical Address:	3100 Railroad Avenue, PO Box 5521, Bismarck, North Dakota - 58501
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Casey Traynor	**Email Address:**	ctraynor@nd.gov

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	
0	
Number of standards met:	
43	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-04-01
2. End date of the onsite portion of the audit:	2026-04-03

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Dakota Children's Advocacy Center Just Detention International Sanford hospital/SANE and asked about advocacy

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	40
15. Average daily population for the past 12 months:	32
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes ( ) No (●) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	34
25. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1

31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	1
33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	5
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	64
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	3

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	82
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	The contractor list includes maintenance workers and people working at the complex to build a new facility for the adult female residents at HRCC. These contractors are on the opposite side of the YCC but are listed as contractors. Also, contractors (all approved to do work for YCC in the past 5yrs), but not all are currently doing work on campus; these are the number of contractors the facility could pull from.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	12
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☑ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	By comparing their housing assignments and considering the above factors before making those selections.

43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	6
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/ resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/ residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/ detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Facility said there were none. Didn't notice any residents who met this category during the tour Did not see any category for it when reviewing some of the risk screening
48. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
49. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The facility said there was no resident who met this category. There did not appear to be anyone who met this category during the tour, in interviews, or when talking with residents during the tour or walking through the facility.
50. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The facility said there was no resident who met this category. There did not appear to be anyone who met this category during the tour, in interviews, or when talking with residents during the tour or walking through the facility.
51. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The facility said everyone spoke and understood English, and no one was LEP Talked with one verbally bilingual resident, but he said he understood and was able to read and write English, but also spoke another language. He didn't need the information in another language. The other individual said he spoke English and was not LEP.

52. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The OAS has N/A for these questions.
53. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The OAS has N/A for these questions.

54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	1
55. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	3
56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The facility said there were no residents who were placed in segregated housing/isolation due to the risk of sexual victimization. Their policy does not isolate residents who have suffered sexual abuse. Residents in rooms with cameras were there due to their behavior. No residents were identified as being placed in segregated housing due to having suffered sexual abuse during the audit.

57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	15
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	12

63. Were you able to interview the Agency Head?	(●) Yes ( ) No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☑ Agency contract administrator ☑ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☑ Medical staff ☑ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☑ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☑ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☑ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☑ Designated staff member charged with monitoring retaliation ☑ First responders, both security and non-security staff ☑ Intake staff

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☑ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☑ Religious ☐ Other
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☐ Medical/dental ☐ Food service ☑ Maintenance/construction ☐ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

71. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	(●) Yes ( ) No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	sampled background checks sampled risk assessments PREA education documentation

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

79. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	1	1	2
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	1	1	2

80. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	3	0	3	3
Staff-on-inmate sexual harassment	0	0	0	0
Total	3	0	3	3

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

81. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	1	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	1	0	0	0

82. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	1
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	1

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

83. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

84. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	3	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	3	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	4

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	( ) Yes (●) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	3
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	◉ Yes ○ No ○ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	3
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There were no staff on inmate incidents

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	◉ Yes ○ No
a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:	1

Non-certified Support Staff	
103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION	
108. Who paid you to conduct this audit?	◉ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ○ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.311 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator. (a) An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. Documentation Reviewed: North Dakota Department of Corrections and Rehabilitation (DOCR) Youth Correctional Center (YCC) Pre-Audit Questionnaire (PAQ) reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. DOCR Policy 3C-04 is the agency's written policy that outlines the North Dakota Department of Corrections and Rehabilitation (ND-DOCR) approach to ensure compliance with the Prison Rape Elimination Act (PREA), and it mandates zero tolerance towards all forms of sexual abuse and sexual harassment in facilities it

operates directly or under contract. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, as well as sanctions for staff and offenders.

DOC Policy 3C-04 states, “This policy with procedures applies to all employees, facility residents within and working for any department facility, as well as Parole and Probation of the Department of Corrections and Rehabilitation. The department is committed to maintaining a zero-tolerance policy for sexual abuse and sexual harassment at all facilities. Department facilities shall have written policy and procedures mandating zero tolerance for all forms of sexual abuse and sexual harassment and outlining the department’s approach to preventing, detecting, and responding to such conduct. Policy and procedures will be in accordance with the DOJ Title 28 Code of Federal Regulations, Part 115, National Standards, to prevent, detect, and respond to prison rape.

POLICY: The department is committed to maintaining a zero-tolerance policy for sexual abuse and sexual harassment at all facilities. Department facilities shall have written policies and procedures mandating zero-tolerance towards all forms of sexual abuse and sexual harassment and outlining the department’s approach to preventing, detecting, and responding to such conduct. Policy and procedures will be in accordance with the DOJ Title 28 Code of Federal Regulations, Part 115, National Standards, to prevent, detect, and respond to prison rape.

PROCEDURES: These procedures provide uniform guidelines to reduce the risk of sexual abuse and sexual harassment within all department facilities.

A. Prevention Planning.

1. § 115.11/115.331 Zero tolerance for sexual abuse and sexual harassment. This policy, as well as applicable plans, manuals, and guides, outlines how the department will implement the agency’s zero-tolerance approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Refer to the Prison Rape Elimination Act of 2003 – Position Guide and agency/facility organizational charts.”

DOCR Policy 3C-04 has sexual abuse and sexual harassment definitions. However, voyeurism is separate and is not included under sexual abuse. It does state in the policy that for PREA statistics, voyeurism is counted under sexual abuse. In the standards, Voyeurism by a staff member, contractor, or volunteer is considered sexual abuse. During a conversation with the PREA coordinator before the on-site visit, this was mentioned, and the PREA coordinator said that the policy will be updated to include moving voyeurism under sexual abuse.

DOCR Coordinated Response Plan. It outlines the agency and facility response to sexual abuse, sexual harassment, and retaliation protection and monitoring. The policy and coordinated response plan outline how the agency responds to sexual abuse and sexual harassment.

Other policies are designed to impose sanctions on those found to have participated

	in prohibited behaviors, such as sexual abuse and sexual harassment, including the Code of Ethics and Employee Termination, and the juvenile handbook for residents that outlines the prohibited behavior and sanctions. · DOCR Policy 3C-04 mentions most of the PREA standards and/or where the information is located in other policies or other documents that describe agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. DOCR Policy 1C-04 Code of Ethics states, in all that we are and do, our primary responsibility shall be those placed in our care and under our supervision. No undue advantage may ever be taken of those in our care and under our supervision or others, be it financial or sexual, and we will always safeguard their interests and rights. (b): An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. Documentation reviewed: The Youth Correctional Center Pre-Audit Questionnaire (YCC PAQ) states the agency employs or designates an upper-level, agency-wide PREA Coordinator (PC). The PC has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. DOCR Policy 3C-04 Prison Rape Elimination Act (PREA) of 2003, under definitions: PREA Coordinator: A senior-level position within the department with the responsibilities of developing, implementing, and overseeing the agency's plan to comply with the Prison Rape Elimination Act standards. The Agency PREA Coordinator position description states that the State PREA (Prison Rape Elimination Act) Coordinator is responsible for overseeing and ensuring full compliance with PREA standards across all facilities and programs within the department. This role develops, implements, and monitors policies and procedures related to the prevention, detection, reporting, and response to sexual abuse and harassment in confinement settings. The coordinator serves as the primary liaison with federal auditors, advocacy organizations, and internal leadership; conducts training and technical assistance for staff; reviews incident reports and investigations for compliance; and leads audit preparation and corrective action planning. The position also analyzes data trends, recommends improvements to enhance safety and accountability, and ensures that victim support services are accessible and trauma-informed, while maintaining strict confidentiality and adherence to legal and ethical standards. Agency Organizational Chart with agency head, PC, and the PREA Compliance Managers (PCM) for each of the five facilities under the ND DOCR. Interviews:

	PREA Coordinator - Q: 1, 2, 3. The PC said that he has enough time to manage all of his PREA-related responsibilities. His main duties are overseeing the PCMs, which include five, ensuring compliance with the standards, updating policies, developing the annual report, and ensuring all the facilities have audits. The PC interacts with the PCM by having phone calls and having meetings with them. If there were an issue with compliance with a PREA standard, he has the ability and authority to make changes to policy, get legislative changes, if needed, and make whatever changes might be needed for the safety and security of the facility/agency. The agency has an agency-wide PC who is in an upper-level position within the agency. The PC has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. c): Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. Documentation Reviewed: YCC PAQ states the facility has a designated PCM who has sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards. YCC Organizational Chart. The PCM reports to the Warden of YCC, who is also the PC. The PC reports directly to the ND DOCR Director. PREA Compliance Manager position description. Interviews: PREA Compliance Manager (PCM): The PCM stated that he has the time and authority to do the job. He also said that he conducts investigations, does background checks, and manages the security of YCC. Finding: The NDDOCR has a PREA compliance manager (PCM) assigned to each facility. At the Youth Correctional Center (YCC), the previous PCM resigned at the beginning of the audit, and a new PCM was assigned to the position. During the transition, the PC stepped in to ensure the audit documents were provided until the PCM was assigned. The PCM is new to the position, and although familiar with the PREA standards, it is still recommended that additional training on the PREA standards be provided due to having new duties and responsibilities. After reviewing the newly created job description, it was noticed that the duties mentioned verbally during the interview and on-site audit are not included. It is recommended that the additional list be included in the PCM's job description. Findings: This auditor concluded that there is necessary language to align with PREA Standard

	115.311. There is a zero-tolerance policy of sexual abuse and sexual harassment for preventing, detecting, and responding to these incidents. The agency's coordinated response plan outlines the agency's response to sexual abuse, sexual harassment, and retaliation protection and monitoring. Other policies outlined in DOCR Policy 3C-04 are designed to impose sanctions on those found to have participated in prohibited behaviors, such as sexual abuse and sexual harassment, in the Code of Ethics and Employee Termination, and the juvenile handbook for residents. DOCR Policy 3C-04 includes definitions of sexual abuse and sexual harassment. However, voyeurism is separate and is not included under sexual abuse. There is a statement in the policy that voyeurism is counted under sexual abuse for statistical purposes. Since voyeurism is under sexual abuse in the PREA standards, it will need to be moved under sexual abuse in the policy. During a conversation with the PC before the on-site visit, he said that voyeurism will be moved under the sexual abuse definition. Corrective Action Corrective Action Resolution: On May 27, 2026, the policy was revised, and voyeurism by a staff member, contractor, or volunteer was moved under the sexual abuse definition. Additionally, the updated definition was added to contractor, volunteer, and staff training. The updated training was provided to current YCC staff and contractors/volunteers. The PC position description was reviewed, and the position has oversight regarding PREA compliance. As the state PC, the position is responsible for overseeing and ensuring full compliance with PREA standards across all facilities and programs within the department. The role develops, implements, and monitors policies and procedures related to the prevention, detection, reporting, and response to sexual abuse and harassment in confinement settings. The agency organizational chart shows the PC is under Adult Facility Operations and reports to the Agency Director. The NDDOCR has a PREA coordinator who oversees the agency's efforts to comply with the PREA standards in all of its facilities. There are four adult facilities and one youth facility. The PREA coordinator reports to the Agency Director in the position of the PREA Coordinator. Due to the size of the agency, the PC is also the warden of the Youth Correctional Center and reports to the Director of the Division of Juvenile Services for those responsibilities. Through interviews, the PC job description, and the org chart demonstrated that the PREA coordinator (PC) has sufficient time and authority to develop, implement, and oversee the agency's PREA program. The PCM reports to the Warden of YCC, who is also the PC. The PCM said he has sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards. There is also a PCM at each of the other facilities who reports to the PC for PREA-related compliance at their facility. The auditor finds the agency/facility not in full compliance with PREA Provision

	§115.311 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted. 1. Policy 3C-04 contains definitions of prohibited behaviors regarding sexual abuse and sexual harassment, except that it defines voyeurism by a staff member, defined by itself rather than under sexual abuse. It does state, “for the purpose of PREA statistics, voyeurism is counted under sexual abuse,” but this implies that it is only abuse for statistics and that otherwise it may not be considered abuse. Corrective action is needed to move this definition under sexual abuse. Corrective Action Resolution: On May 27, 2026, PREA policy 3C-04 was revised, and voyeurism by a staff member, contractor, or volunteer was moved under the sexual abuse definition. Additionally, the updated definition was added to contractor, volunteer, and staff PREA training. The PREA Coordinator verified that current YCC staff, volunteers, and contractors were made aware of the updated policy, making this standard compliant. Finding: The auditor finds the agency/facility in full compliance with PREA Provision §115.311 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted.

115.312	**Contracting with other entities for the confinement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a): A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. Documentation reviewed: YCC PAQ DOCR Policy 3C-04 (PREA) Prison Rape Elimination Act of 2003, dated March 7, 2025, requires 115.12/115.312 Contracting with other entities for the confinement of adults and juveniles in custody. Refer to Policy 1B-16, Contracts and Grants DOCR Policy 1B-16, Contracts and Grants, dated January 6, 2025 There are contracts with 6 agencies/facilities (see chart). All contracts contain the PREA compliance requirements. The agency had a corrective action until it provided the BTC-WTR contract that contained the PREA compliance requirement. The

corrective action is resolved. All contracts provided have a provision that includes the facility's obligation to adopt and comply with the PREA standards.

Contract Facility	Contract Start Date	PREA Compliance in Contract?	Last DOJ Audit	Website has PREA Information
Bismark Transition Center (BTC)	2/23/ 2024	Yes	5/8/ 2024	Yes
Bismark Transition Center-- Women's Treatment and Recovery Unit	7/21/ 2026	Yes	4/ 25/ 2025	Yes
Dickinson Adult Detention Center (DADC)	7/1/ 2025	Yes	3/ 16/ 2024	Yes
Dakota Women's Correctional Rehab Center (DWCRC)	8/21/ 2017	Yes	5/9/ 2024	Yes
McKenzie County Correctional Facility (MCCF)	7/1/ 2025	Yes	3/ 23/ 2025	Yes
Centre Inc-Fargo	7/31/ 2025	Yes	6/ 30/ 2026	Yes
Centre Inc-Mandan	7/31/ 2025	Yes	7/ 26/ 2024	Yes

Centre Inc-Grand Forks	7/31/ 2025	Yes	7/31/ 2025	Yes

The auditor reviewed the contracts on the NDDOCR website or pulled up the agency and reviewed their website.

Interviews Conducted:

The Agency Contract Administrator said they do spot checks and conduct annual audits of the facilities they have contracts with for the confinement of residents to determine if the contract facilities are complying with PREA standards, as well as other requirements outlined in the contract. They also do on-site inspections. The facilities are required to send monthly reports. DOCR does yearly inspections. They also inspect the facility before housing people in a facility. They specifically require the facilities to be compliant with the PREA standards and have PREA audits. They review their contracts every two years. The contract facilities are to notify them if there are any concerns or incidents, including sexual abuse or sexual harassment, or related PREA. The Agency Contract Administrator said she was in contact with the facilities.

The Contract Administrator said that within the past 12 months, they have received PREA compliance results for each contracted facility they have a contract with, except for two facilities that they entered into a contract with this year.
The contracted facilities have completed and submitted their PREA compliance results. Currently, there is a facility that is in the process of having a PREA audit.

Findings:

115.312(a):

The YCC PAQ reported that the agency had not entered into or renewed a contract for the confinement of residents since the last PREA audit. The facility said it did not have a contract for the confinement of youth residents. However, the standard pertains to the agency, and if the agency contracts for the confinement of its residents with private agencies or other entities, including other government agencies.

DOCR Policy 3C-04 states: “Contracting with other entities for the confinement of facility residents. Refer to Policy 1B-16, Contract and Grants.”

DOCR Policy 1B-16 states: “All grants and contracts entered into by the department must comply with applicable state and federal laws, have sufficient appropriation authority, and be implemented in accordance with approved accounting procedures. All grants and contracts must be reviewed, prior to submission or implementation, to assure adequacy of appropriation authority and establishment of grant revenue and expenditure accounting mechanisms using the DOCR’s approved contract writing software”

It further states that: “Agencies under contract with the department to house adults

	in custody or juveniles must agree in any new contract or contract renewal to adopt and comply with the PREA standards. All new contracts or contract renewals for housing adults in custody or juveniles must provide for department contract monitoring to ensure compliance with the PREA standards. Contract managers shall monitor compliance through reported offenses and facility inspections. Final audit reports for contract facilities must be forwarded to the department PREA Coordinator for storage." The active contracts were reviewed, and most contained a section regarding PREA compliance (see chart below). It was also noted that one of the contracts covers 3 facilities. The contracts state: "Contractor shall comply with the Prison Rape Elimination Act of 2003 (PREA), 42 U.S.C. § 15601 et.seq., and all applicable PREA standards and applicable DOCR Adult Services Policies related to PREA. Contractor shall report all incidents to DOCR on an annual basis. DOCR may conduct announced or unannounced compliance monitoring, including on-site monitoring. Failure to comply with PREA and applicable PREA Standards may result in termination of this contract." One contract (BTC - Women's Treatment and Recovery Unit) provided to the auditor did not have any language related to PREA compliance in it. That agency did complete and successfully pass an audit during the last cycle. Once the contract requires the facility to adopt and comply with the PREA standards, the facility will be compliant. The contract with the applicable compliance with the PREA standards was provided. The auditor verified that BTC - WTRU does have PREA information on their website and successfully passed a PREA audit in the last cycle. Corrective Action resolution: The agency provided a current contract that requires the agency to comply with the PREA standards. The auditor reviewed DOCR's website, and there are links to some of the contract facilities' websites. The auditor recommends adding links to all the other facilities that have a PREA contract requirement. 115.312(b): In the interview with the agency contract administrator, she stated that they currently have contracts for confinement with a few facilities and that their contracts all require them to be PREA compliant. She stated that they biannually do amendments to the contracts if needed. Finding: The auditor finds the agency/facility in full compliance with PREA Provision §115.312 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.313: Supervision and monitoring (a) The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted juvenile detention and correctional/secure residential practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated); (6) The composition of the resident population; 10 (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. Documentation Reviewed: DOCR Policy 3C-04 states Staffing Plan: Juveniles – Refer to Policy 1C -05, staffing requirements; Policy 3A-04 states Juvenile Movement within the NDYCC. DOCR Policy 1C-05 Staffing Requirement states that at least once every year, the facility warden, director, or designee, in collaboration with the PREA Coordinator, will review, determine, and document whether any adjustments are needed in: (PREA 115.13/115.313) 1. The staffing plan. 2. The deployment of monitoring technology. 3. The allocation of DOCR resources to commit to the staffing plan to ensure compliance. All DOCR facilities will develop, document, and make the best efforts to comply on a regular basis with a staffing plan that provides for an adequate level of staffing and, where applicable, video monitoring to protect adults in custody against sexual abuse. Add "residents" to be protected in custody against sexual abuse. DOCR Policy 3A-04 Juvenile Movement within the NDYCC states PROCEDURES: A. Staff shall supervise and control all juvenile movement from one location to another, including individual and group movement to and from work and program assignments. (PREA 115.313 C.)

	YCC PAQ states the agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. The YCC PAQ reports that since the last PREA audit, the average daily number of residents is 33. They further report that the average daily number of residents on which the staffing plan is based on an average of 40 residents. The YCC staffing plan was reviewed, and this auditor verified that it contains all elements required by the standard. Included were generally accepted detention and correctional practices; Any judicial findings of inadequacy; Any findings of inadequacy from Federal investigative agencies; Any findings of inadequacy from internal and external oversight bodies; All components of the facility's physical plant (including "blind spots" or areas where staff or inmates may be isolated); The composition of the inmate population; The number and placement of supervisory staff; Institution programs occurring on a particular shift; Any applicable State or local laws, regulations, or standards; The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. 2025 PREA Staffing plan dated 1/9/2026. The 2025 staffing plan identifies that there is a need for additional staff. The PREA staffing plans included all the elements in provision (a). Interviews: Superintendent or Designee: The Warden said that the facility regularly develops a staffing plan. They ensure they are adequately staffed to protect residents against sexual abuse, and it is considered in the staffing plan by reviewing incidents, their location, as well as looking at the physical plant and video monitoring. All of the requirements in stand 115.313 are looked at in the staffing plan, such as blind spots, where staff or residents may be isolated, the number and placement of supervisory staff, to name a few. The PC provided several examples of what was looked at in the staffing plan and considered. They also have weekly meetings. The Warden verified that YCC has a staffing plan and that it includes all the information required in the PREA standards. He said the staffing plan is updated once a year, and they go over all the elements required in the standard. He said the deputy warden signs off on Juvenile Correctional Officer (JCO) staff weekly and approves leave for YCC, keeping in mind the staffing ratio when approving leave. He said that the only time they have been unable to meet the requirements of the staffing plan are exigent circumstances due to emergency transport at night, and it is only for a short time. They call for assistance, and lockdowns may occur if there are not enough staff to safely operate, but said they still meet the staffing ratio. Interviews: PREA Compliance Manager: The PCM said that they look for adequate staff, where cameras are, and if more are needed, as well as going through each element required in standard 115.313 during the staffing plan. The PCM said that they have

	enough staff on the floor to maintain adequate supervision and use the cameras as a support system. 115.313 (b) The agency shall comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances. DOCR Policy 3C-04 states Supervision and Monitoring: Juveniles – Refer to Policy 1C-05 staffing requirements; Policy 3A-04 Juvenile Movement within the NDYCC. DOCR Policy 1C-05 states that all Department facilities shall develop, document, and make the best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect adults in custody against sexual abuse. The policy requires that at least once every year, the facility warden, director, or designee, in collaboration with the PC, will review, determine, and document where any adjustments are needed in: The staffing plan, the deployment of monitoring technology, and the allocation of DOCR resources to commit to the staffing plan to ensure compliance. All DOCR facilities will develop, document, and make the best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect adults in custody against sexual abuse. Corrective action resolution: Add residents to the policy. PREA Policy 3C-04 was updated to include protecting residents too. YCC PAQ reports that there were several deviations from the staffing plan in the past year due to staffing shortages. There were over ten from March 18 to December 15, 2025, which were due to staff shortages. The reasons for the staff shortages are staff calling in sick, assistance calls, transport resident to the ER. Interviews: Superintendent or Designee: The warden said that staff documents all instances of non-compliance with the staffing plan in ELITE. PREA Coordinator: The PREA Coordinator confirmed that he is consulted and reviews each facility's staffing plan annually. Finding: DOCR Policy 1C-05 states that all Department facilities shall develop, document, and make the best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect adults in custody against sexual abuse. Youth are not included; only adults in custody are to be protected against sexual abuse. 115.313 (c) Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except

during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance.

Documentation Reviewed:

DOCR Policy 1C-05 states the NDYCC shall maintain staff ratios of a minimum of 1:8 during juvenile waking hours and 1:16 during juvenile sleeping hours, except during limited and exigent circumstances, which shall be fully documented.

Each time the staffing plan is not complied with, the facility documents all deviations from the staffing plan.

1. The shift supervisors will update the shift schedules to ensure staff are assigned to each fixed post.

2. It is the responsibility of the shift supervisor to keep the shift schedule updated.

3. There will be written justification for all deviations from the staffing plan.

YCC PAQ included Policy 3C-04 and a blank staffing plan for the weekly cottage work schedule.

YCC PAQ reports that in the past 12 months, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours was 7. In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:16 during resident sleeping hours was 5.

Interviews:

Interview with the Warden: The Warden verified that YCC has a staffing plan and that it includes all the information required in the PREA standards. He said the staffing plan is updated once a year, and they go over all the elements required in the standard. He said the deputy warden signs off on Juvenile Correctional Officers (JCO) staff leave weekly and approves leave for YCC staff, and keeps in mind the staffing ratio when approving leave. He said that the only time they have been unable to meet the requirements of the staffing plan are exigent circumstances due to emergency transport at night, and it is only for a short time. They call for assistance and lockdowns that may occur if there are not enough staff to safely operate, but said they still meet the staffing ratio.

Interview with the PREA Compliance Manager: The PREA Compliance Manager (PCM) verified that YCC has a staffing plan and that all required elements in this standard are reviewed. The PCM said that they have enough staff on the floor to maintain adequate supervision and use the cameras as a support system. He said they maintain the 1:8 ratio and ensure they have 4 JCO staff on duty at Pine Cottage and 3 JCO staff at Brown Cottage. They might use a combination of JCO staff and other staff, such as a case manager, to fill in temporarily.

	Site review observations: During the site review, there were a total of 22 residents during the tour at Pine Cottage and 12 residents at Brown Cottage. On the first day and then on the second day of the on-site audit, a resident left, reducing the number to 21 for Pine Cottage. On the tour of the facility, there was a resident in the medical area of the YCC/HRCC campus, and two JCO staff were observed with the resident. When the audit team got to Pine Cottage, the staff and the resident were back from medical. When asked about the staffing ratio, staff responded that the case manager or deputy warden would step in while correctional staff escorted the resident to medical to ensure they maintained a staffing ratio of 1:8. The audit team was told that they maintain four staff in Pine Cottage and three staff in Brown Cottage. While on site, the facility maintained staffing ratios of four staff during the day with 21 to 22 residents at Pine Cottage and three staff with 12 residents at Brown Cottage. Other observations were made during meals, recreation, and in classrooms. All observations concluded that the facility met the 1:8 ratio during waking hours. At night, there were at least two staff members in Pine Cottage and one in Brown Cottage. When asked what would happen if they needed to transport a resident, the audit team was told that they would have other staff fill in until other corrections staff were contacted and arrived, or wait until the staff person arrived before leaving. If staff called in sick or a resident needed to be transported to the hospital, they would lock down the residents until additional staff arrived. PREA Standard 115.5 defines “exigent circumstances” as meaning “any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.” Staff calling in sick or a resident needing to be transported to the hospital would not qualify as an exigent circumstance. Review of Logs: The auditor reviewed 12 logs when the staffing plan was not complied with under provision (b). According to the logs, there was one staff member in the building generally from 6 a.m.- 7 a.m., 5:25 am, and 10 p.m.–11 p.m. 10 out of 12 logs said the staffing plan wasn’t compiled because the staff member was alone. When this happened, residents were locked down, according to staff and residents. The documents provided in the PAQ state that a deviation from the staffing plan resulted when there was a staffing shortage. After reviewing the logs and interviews, the auditor finds this standard non-compliant. The ratio needs to be 1:8 during waking hours and 1:16 during residents' sleeping hours, except in limited and discrete exigent circumstances. According to the logs reviewed by the auditor, the ratios were not maintained at least once a month. Corrective Action is needed to ensure a constant ratio of 1:16 during resident sleeping hours is maintained, except in limited and discrete exigent circumstances. After the on-site audit, the warden told the auditor that they were going to add a

	fourth person on the night shift to increase the staffing ratio and could be a rover to fill in for trips to the hospital. Corrective action resolution: A rover position was hired for the night shift to fill in if staff need to leave or transport a resident to the hospital so that the facility does not drop below the 1:16 ratio. Additionally, another position will be hired with an anticipated start date in October 2026. The position will fill in when there are staffing shortages due to staff being sick, on vacation, etc. Teachers were observed maintaining a ratio of 1:8 when residents were in the classroom. The auditor confirmed that teachers have received appropriate training and can be included in the ratio during the time they are leading a class. Case managers and the deputy warden occasionally fill in, and it was confirmed that they have the appropriate training, so they can count toward the ratio during the periods of the day when they supervise residents and are not performing administrative activities. Teachers and case managers receive controlled force refresher completions. 115.313 (d) Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) Prevailing staffing patterns; (3) The facility's deployment of video monitoring systems and other monitoring technologies; and (4) The resources the facility has available to commit to ensure adherence to the staffing plan. Documentation Reviewed: DOCR Policy 1C-05 states that at least once every year, the facility warden, director, or designee, in collaboration with the PREA Coordinator, will review, determine, and document whether any adjustments are needed in: 1. The staffing plan. 2. The deployment of monitoring technology. 3. The allocation of DOCR resources to commit to the staffing plan to ensure compliance. YCC PAQ reports that at least once every year the agency or facility, in collaboration with the agency's PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan. 2025 PREA Staffing plan dated 1/9/2026. The staffing plan was assessed. The staffing plan considered prevailing staffing patterns, deployment of video monitoring systems and other monitoring technologies, available resources to

	commit to ensure adherence to the staffing plan, modifications made from Sexual Incident Review Team recommendations, and any other changes made or which are necessary. Interviews: PREA Coordinator: The PC said he is consulted regarding any assessment or adjustments to the staffing plan for YCC. He said he sits in all the staffing meetings, and then the assessment is compiled, and it is sent out for review before it is finalized. 115.315 (e) Each secure facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit 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. Documentation Reviewed: DOCR Policy: 3C-04 states, Unannounced Rounds: Juveniles – Refer to Policy A3-03 Evaluations, Inspections and Reviews. YCC PAQ reports that the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The agency documents unannounced rounds. DOCR 3A-03 states that intermediate-level or higher-level staff shall conduct unannounced inspections of all shifts to identify and deter staff sexual abuse and sexual harassment. Results of these inspections must be entered into the Shift Log in ELITE. Staff may not alert other staff that supervisory rounds are occurring, unless such an announcement is related to the legitimate operational functions of the facility’s Random logs were reviewed. Interviews: Two intermediate or higher-level staff were interviewed. They reported that unannounced inspections of all shifts are conducted once a month, and it is documented. They are designed to identify and deter staff sexual abuse and sexual harassment. Results of these inspections must be entered into the Shift Log in ELITE. Staff may not alert other staff that supervisory rounds are occurring, unless such an announcement is related to the legitimate operational functions of the facility. Site review observations: During the site review, the audit team was told that intermediate or higher-level

	staff conduct unannounced rounds once a month, and on the overnight shift, they are done quarterly. Findings: Upper-level rounds are made and documented in ELITE. The rounds are done during the day and appear to be during the upper-level staff's shift when they are making the rounds. The standard requires that the policy and practice shall be implemented for night shifts as well as day shifts. The policy does not include when, how, or by identifying who intermediate or higher-level staff are that conduct the unannounced rounds. Review of logs: The auditor requested documentation of intermediate or higher supervisory rounds for the first week of December, January, February, and March. Three random electronic logs were sent. A review of those logs revealed that unannounced rounds were made and documented during the daytime hours. The majority of rounds were done between 11 am and 5 pm. Occasionally, unannounced rounds were done at 6 pm and 7:30 pm, and as early as 8 am. None were done during the evening or overnight shift. Corrective action is needed to ensure unannounced rounds are conducted more than once a month on all shifts to prevent, detect, respond to, and report sexual abuse and sexual harassment allegations. Ideally, rounds should be conducted weekly on each shift and on overnight shifts at least once a month or a couple of times a month. Ensure unannounced rounds are conducted at unpredictable times without any noticeable patterns (e.g., different days, times, etc.). Facility leadership should analyze rounds each quarter to see if predictable patterns exist. Consider reviewing video footage of times when rounds are being conducted to see if it appears that staff are warning other units or know when intermediate or higher-level staff are making rounds. Corrective action is needed to ensure unannounced supervisor rounds occur on all shifts, including overnight, at various times and days of the week. Corrective Action: The facility updated its procedure for supervisory unannounced rounds to ensure they are being done more frequently on the graveyard shift. The facility provided documentation of the shifts being conducted. Corrective Action Resolution: The facility implemented a standing order for supervisory staff to conduct rounds of each living unit to be conducted a minimum of one time per week during the 6 am to 10 pm shift by the Deputy Warden, Safety Security Manager, Unit Manager in a building they are not assigned to, and Juvenile Corrections Officer III to conduct rounds in a building they are not assigned to. The round must be logged into their Elite system. This is a separate entry from the gender announcement. The standing order also requires that overnight supervisory/administrative unannounced rounds to each living unit during the hours of 11 pm to 5 am must be completed at a minimum of two times per month. Safety and Security Manager,

	Deputy Warden, Warden, Unit Managers, and Quality Assurance staff will be responsible for completing these rounds two or more times during each month. Additionally, the rounds are to be monitored monthly by the Safety and Security Manager to ensure staff are not alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. Unannounced supervisor rounds are now occurring on all shifts, including overnight, at various times and days of the week. The facility updated its procedure for supervisory unannounced rounds to ensure they are being done more frequently on the graveyard shift, from quarterly to a minimum of two per month. The auditor selected a week in July, August, and September for review, confirming that unannounced rounds are being done during the day and night shifts. An additional staff member, a rover, was hired for this purpose. There was an incident where the staffing ratio was not met for an hour due to staff not following policy and procedure. The PREA coordinator and compliance manager immediately responded and ensured the situation would not occur again. Documentation was provided to the auditor that there have not been any exigent circumstances where the staffing ratio was not met. Additionally, the PREA coordinator is in the process of hiring an additional rover to ensure staff ratios are maintained at a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. The auditor finds the agency/facility is compliant with PREA Provision §115.313 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted.

115.315	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. Documentation reviewed: YCC PAQ reports that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. YCC PAQ reports that in the past 12 months, there haven’t been any cross-gender

	strip or cross-gender visual body cavity searches of residents. DOCR Policy 3A-06 states that only staff of the same gender may conduct an unclothed or pat search of the juvenile. Staff may not conduct manual or instrument inspections of juvenile body cavities. If there is reason to believe contraband is located in a juvenile's body cavity, the NDYCC Director may authorize transporting the juvenile to a medical facility for search by a health care professional. Training titled Body Searches Clothed and Unclothed defines strip searches and states that they can be done at intake and upon returning from off campus. The strip searches need to be done with reasonable suspicion and describe how they are to be done, and then they may be done randomly at any time and require no reasonable suspicion. Training on Cross-gender strip search – there is nothing in the training that YCC staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Interviews Conducted: Non-medical staff (involved in cross-gender strip or visual searches): There were no non-medical staff involved in a cross-gender strip or visual search. No cross-gender strip or visual searches were done in the past 12 months. The facility said cross-gender strip or visual searches are not conducted. Interviews with residents confirmed that cross-gender strip or visual body searches are not conducted. Site Review Observations: During the site review, the audit team did not observe any cross-gender strip or visual body searches. Finding: The policy requires that only staff of the same gender may conduct unclothed or pat searches of juveniles. The training provided to staff says that residents may be strip-searched with reasonable suspicion or no reasonable suspicion. Recommend adding to the training that it is only done by the same gender as the resident. (Facility staff and the PREA Coordinator stated there are no cross-gender strip, visual body, or pat searches done on juvenile residents. Interviews with residents said that no cross-gender strip, visual, or pat searches are done.) Additionally, there is no indication that they are done.) (b) The agency shall not conduct cross-gender pat-down searches except in exigent circumstances. Documentation Reviewed:

	YCC PAQ reports the facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances. In the past 12 months, there were no cross-gender pat-down searches of residents: DOCR Policy 3C-04 states staff shall not conduct cross-gender pat-down searches of female offenders, absent exigent circumstances. DOCR 3A-06 states that only staff of the same gender may conduct an unclothed or pat search of the juvenile. Staff may not conduct manual or instrument inspections of juvenile body cavities. If there is reason to believe contraband is located in a juvenile's body cavity, the NDYCC Director may authorize transporting the juvenile to a medical facility for search by a health care professional. Training on Cross-gender strip search – there is a question in the training that staff must answer about whether only staff of the same gender can conduct a pat search of the juvenile/resident. Interviews: Random Sample of Staff: Interviews with fifteen random staff members, who said they were restricted from cross-gender pat-down searches except in exigent circumstances. They used a wand to search residents. Resident Interview Questionnaire: In interviews with eighteen random residents, they all said opposite gender staff members announce themselves when entering the housing areas. They said opposite-gender pat-down searches are not conducted. They were not searched by opposite-gender staff. Site Review Observations: During the site review, the audit team did not observe any cross-gender pat searches. In interviews with staff and residents, they all said that no cross gender pat searches were conducted. There were no logs of cross-gender pat-down searches of residents to review because none were done. (c) The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches. DOCR 3C-04 states that no cross-gender strip searches had been conducted in the past 12 months, so no logs or other documentation were able to be reviewed. Documentation Reviewed; YCC PAQ reports that facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified. DOCR Policy 3A-06 Control of Contraband states: C - Only staff of the same gender

	may conduct an unclothed or pat search of the juvenile. (4-JCF-2A-22), (PREA 115.315) D. Staff may not conduct manual or instrument inspections of juvenile body cavities. If there is reason to believe contraband is located in a juvenile's body cavity, the NDYCC Director may authorize transporting the juvenile to a medical facility for search by a health care professional. (4-JCF-4C-63), (PbS Security) Interviews: In interviews with staff and residents. They all said cross-gender strip, visual, or pat searches are not done. There were no logs or documents to review. The facility does not conduct cross -gender strip searches, cross-gender visual body cavity searches, or cross-gender pat-down searches. (d) The facility shall 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. Documentation Reviewed: DOCR Policy 3C-04 states 115.15/115.315 Limits to Cross-Gender Viewing and Searches. a. DOCR employees will not conduct cross-gender unclothed searches or cross-gender visual body cavity searches (anal or genital opening) except in exigent circumstances or when performed by medical practitioners. Efforts will be made in exigent circumstances to obtain the warden's prior approval. [115.15 (a)-1 b. Employees will document in the electronic log all cross-gender unclothed searches and cross-gender visual body searches. c. d. e. f. g. Facility residents will be allowed to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell/ dorm checks. [115.15 (d)-1] Staff will announce their presence when entering a housing unit of the opposite gender where facility residents may be seen using the shower, toilet, or different stages of undress. [115.15 (d)-2] 1.) 2.) This announcement will be documented as an electronic log entry in ELITE for each security shift daily. The entry will be logged as "Cross-Gender Supervision." Signage will be posted in conspicuous areas for those facility residents who may have been absent from the housing unit when the announcement was made. Staff will not search or physically examine a transgender

	or intersex facility resident for the sole purpose of determining the facility resident's genital status. [115.15 (e)-1] 1.) 2.) 3.) If the facility resident's genital status is unknown, it may be determined through conversation with the facility 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. During the PREA Intake Screening interview with a transgender or intersex facility resident, staff will ask the facility resident if they prefer to be searched by a male or female officer. This information will be recorded in alerts in ELITE. During initial orientation, security staff is trained to conduct cross-gender pat-down searches and searches of transgender and intersex adult facility residents in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. [115.15 (f)-1] DOCR Policy 3C-01 requires Cross-Gender Viewing - Juveniles will be allowed to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell/dorm checks. YCC PAQ reports policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit/areas where residents are likely to be showering, performing bodily functions, or changing clothing. Interviews: Resident interviews: A total of fifteen random staff from all shifts throughout the facility were interviewed, and all stated that male and female staff are announced when they enter the cottage. All staff stated that residents can dress, shower, and toilet without being viewed by opposite gender staff, and they are restricted from conducting cross-gender pat-down searches except in exigent circumstances. Site review observations: During the site review, the audit team saw both male and female staff in the cottages. Both male and female staff were observed entering the dorms during the site review; they announced themselves verbally. In interviews with residents, they said staff always announced themselves verbally. Opposite-gender staff announce "Male on the Floor"/ "Female on the Floor" when entering the cottage. Both male and female residents are housed in Pine cottage, and only male residents are housed in Brown cottage. The announcement is documented as an electronic log entry in ELITE. The entry will be logged as "Cross-Gender Supervision." Signage is posted before entering the area to remind staff to announce before entering the cottage. The audit team was able to observe all areas of the facility. Correctional staff were

	seen in the pods of both cottages. The auditor reviewed the cameras and observed that it was possible to see residents in a state of undress on the intake area camera and in rooms with cameras in Pine and Brown cottage. The area with the toilet in the rooms had a block, and there were no issues noted for that purpose. However, in the living units/modules, the areas of concern are where the cameras view residents in the observation rooms in Pine Cottage and the observation rooms in Brown Cottage. The area by the toilet is blocked from view, but if a youth is changing clothes, they would be in a state of undress and can be viewed by anyone looking at the camera or video footage. Also, in Pine Cottage, where the intake of residents takes place, there is a camera that can be viewed in the area where residents are undressing and changing clothes. In all these areas, there are no restrictions on who has access to the cameras and video. During the site review, the areas where intake strip searches are conducted were viewed by the audit team, and it was verified that they provide enough privacy that cross-gender viewing is obstructed. However, there is a camera that can view the area. There were no restrictions on camera access, and any gender of staff member could view cameras; there are no policies or procedures on cross-gender viewing of cameras or recorded video. The PCM made a request to remove camera access to the Pine Cottage Intake Room. If there is a situation that arises where video is required to be reviewed from this area, a request would be made to the Safety Security Manager to review the incident. Also, there are observation rooms with cameras, and there are no policies or procedures restricting opposite gender viewing. Corrective Action is needed to ensure that opposite-gender staff are not viewing residents changing clothes or in a state of undress while under observation by cameras. Corrective action resolution: The cameras in the rooms in Pine and Brown Cottages cannot be viewed unless there is a safety concern. If the camera is reviewed, it is required to be documented in Elite, along with the reason for pulling up the resident room camera. The area where they before bodoily functions is covered on the camera. However, in the event the resident may be in a state of undress or changing clothes, the staff member who reviews the camera must be of the same gender as the resident. (e) The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident’s genital status. If the resident’s genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Per the DOJ memo titled "National PREA Standards Alignment with Executive Order 14168,” dated December 2, 2025, this auditor is not auditing this section. 115.15 (f) The agency shall train security staff in how to conduct cross-gender pat-down searches and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with

	security needs. Per the DOJ memo titled "National PREA Standards Alignment with Executive Order 14168,” dated December 2, 2025, this auditor is not auditing this section. Findings: The observation rooms in Pine and Brown Cottages and the Intake area in Pine Cottage cameras can be viewed by staff at any time, and both male and female residents can be changing clothes or in a state of undress where the opposite gender can view them. Corrective action is needed to ensure that staff of the opposite gender are not viewing residents changing clothes or in a state of undress while under observation by cameras. Refer to the FAQ for guidance when developing policies and procedures. "How do the requirements of standard 115.15(d) apply to inmates who have been placed on suicide watch? Is there a distinction between suicide watches being conducted via video and those under in-person observation?" Additionally, policies and procedures on who can view recorded camera footage. Refer to the FAQ for guidance when developing policies and procedures. "Does the standard that requires the facility to enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia apply equally to viewing that is done?" Corrective action resolution: The facility removed the camera in the Intake area at Pine Cottage. A memo was received stating the camera access to the Pine Cottage intake room was completed on May 20, 2026. Additionally, in Pine and Brown Cottages, the rooms with cameras cannot be viewed unless there is a safety concern to ensure oppostie gender staff do not view residents in a state of undress. If the camera is reviewed, it is required to be documented in Elite, along with the reason for pulling up the resident room camera. The area where they before bodoily functions is covered on the camera. However, in the event the resident may be in a state of undress or changing clothes, the staff member who reviews the camera must be of the same gender as the resident. The auditor finds the agency/facility is compliant with PREA Provision §115.315 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted.

115.316	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	(a) The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading 12 skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164. Documentation reviewed: English and Spanish Safety Guide brochure YCC PAQ reports the agency has established procedures to provide disabled residents 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. DOCR Policy 4B-06 Limited English Proficiency: 1. The Department shall maintain a directory of available qualified interpreters, including commercial telephonic interpretation services, contract telephonic interpreters, and qualified bilingual employees and volunteers, to provide language assistance to Limited English Proficiency adults in custody. a. Interpreter services for the deaf, blind, or hard-of-hearing adults in custody, and non-English-speaking adults in custody may be accessed using the following information. [PREA 115.16/ 115.316, 115.33/ 115.333] 1.) 2.) 1-877-650-8027 Account Number: 9823 Limited English Proficiency, 4B-06 - Page 4 of 5 3.) Your Full Name: Employee Name 4.) 2. Department Number: NDSP 530.0, JRCC 530.0, MRCC 530.0, Parole & Probation 530.0, YCC 530.2110, YCC 530.2810, DJS 530.1220. LEP Services contract DCR 8317 PREA Mandated Reporting Form (10 completed examples) PREA posters Offender Informational Guide (brochure) DOCR Policy 3C-04 PREA requires that facility residents with disabilities, facility residents who are limited English proficient. Refer to the DOCR Coordinated

	Response Plan. Juveniles – Refer to Policy 4B-06, Limited English Proficiency; Policy 2A-03 Appendix titled Policy for Provision of Auxiliary Aids and Services for Communication with People with Disabilities. DOCR Policy 4B-06: Limited English Proficiency requires the department shall maintain a directory of available qualified interpreters, including commercial telephonic interpretation services, contract telephonic interpreters, and qualified bilingual employees and volunteers, to provide language assistance to Limited English Proficiency adults in custody. Interpreter services for the deaf, blind, or hard-of-hearing adults in custody, and non-English-speaking adults in custody may be accessed. If an adult in custody or juvenile is a Limited English Proficiency person and needs language assistance, including assistance for purposes of classification; accessing Department programs and information; understanding rules and disciplinary proceedings; gaining eligibility for parole or pardon or alternatives to revocation; for medical care; or participation in education, work, or treatment programs, the Department shall provide language assistance through available qualified interpreter services. The Department may not use other adults in custody or family members of adults in custody for disciplinary investigations and proceedings and criminal investigations, unless it is an unforeseeable or emergency situation and other qualified interpreter services are not immediately available. The Department may utilize visual translator services (translators that allow adults in custody to point to pictures to communicate independent of language) when in-person or telephonic interpreters may not be available. If an adult in custody or juvenile has Limited English Proficiency for written materials but is able to understand oral English communications, the Department shall provide staff to read the written materials to the adult in custody or juvenile. The Department may make audio recordings of the Facility Handbook available to adults in custody or juveniles who cannot read English but are able to understand oral English communications. The Department shall make the Facility Handbook available in the language of the most frequently encountered Limited English Proficiency adult in custody group. Programs, Treatment, and Services: The Department shall offer English to incarcerated Limited English Proficiency adults in custody and juveniles. However, the Department may not delay, withhold, or disqualify an otherwise eligible adult in custody or juvenile from participation in programs, services, or alternatives to incarceration, based on English Proficiency requirements.

	The policy requires residents who are LEP to be provided interpreters to adults in custody according to the policy. If a juvenile is LEP and needs language assistance for purposes of classification, accessing department programs and information, understanding rules and disciplinary proceedings, maintaining eligibility for parole or pardon, or alternatives to revocation, for medical care or participation in education, work, or treatment programs, the department shall provide language assistance. Interviews: Agency Head: The agency head said the agency has procedures to provide residents with disabilities and those who are limited English proficient to ensure they have an equal opportunity to participate in or benefit from all aspects to prevent, detect, and respond to sexual abuse and sexual harassment. It begins at Intake. If a resident is limited English proficient or has a sight or hearing disability, they work with them to ensure the resident understands the information throughout the duration of their confinement. Superintendent: The warden/PPREA Coordinator (PC) said that there haven’t been any limited English proficient residents. They all speak English. Some of the parents don’t speak English, and the residents have interpreted for them. If they need to use an interpreter, they have staff who speak Spanish, the most common language, and they have an interpretive service. Residents interviewed and informally talked to during the on-site audit all appeared to understand and speak English. The residents interviewed who were identified as having a disability either said they understood the education or that they didn’t remember having it. It was verified that those residents who said they didn't remember having received the training. The auditor confirmed by reviewing those residents' documents that they had received the education. One resident didn’t remember the education and, when asked if they wanted to receive it again, said yes. They received the training again right after the interview. Site Review Observations There were no residents who were limited English proficient. During an interview with Intake staff, the auditor asked staff how they would communicate with a resident who had intellectual disabilities or limited reading skills. The intake staff said they would read the material to the residents to ensure they understood the information. The intake staff person was asked if a resident was limited English proficient, what they would do to ensure the resident understood the information. The intake staff person said they would use the interpretive service. The intake staff demonstrated it. The auditor talked with the interpretive service and asked them to demonstrate how the service would work. Whatever is communicated in English is relayed in the language a resident speaks and understands, and vice versa. A brief intake was

	discussed in English, and it was interpreted back into Spanish and vice versa. Intake staff said the information could be communicated in sign language through the interpretive service. The information is available in Spanish if needed. The most common language outside English at the facility. They also have Spanish-speaking staff available. Additionally, if the material needed to be available in large print, they would increase the font size and make the documents available. The intake staff person would ensure whatever language, format, or method was needed to ensure a resident with disabilities has an equal opportunity to participate in or benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment at YCC. (b) The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Documentation Reviewed: DOCR Policy 3C-04 states 115.16/115.316 Facility residents with disabilities; facility residents who are limited English proficient. Refer to the DOCR Coordinated Response Plan. B. Juveniles – Refer to Policy 4B-06, Limited English Proficiency; Policy 2A-03 Appendix titled Policy for Provision of Auxiliary Aids and Services for Communication with People with Disabilities. A contract with an interpretation service was reviewed that has been in place for over 10 years, and an email from the agency confirming the services are still available. Policy 4B-06, Limited English Proficiency. Policy statement: The Department shall take reasonable steps to provide meaningful access to Limited English Proficiency adults in custody and juveniles. The Department shall ensure that language does not prevent Department staff from communicating effectively with Limited English Proficiency adults in custody or juveniles to ensure safe and orderly operations. The Department may not prevent adults in custody or juveniles from accessing Department programs and information, reviewing classification, understanding rules and disciplinary proceedings, or gaining eligibility for parole, probation, education, work, or treatment programs, alternatives to revocation of parole or probation, and alternatives to incarceration. Limited English Proficiency: 1. The Department shall maintain a directory of available qualified interpreters, including commercial telephonic interpretation services, contract telephonic interpreters, and qualified bilingual employees and volunteers, to provide language assistance to Limited English Proficiency adults in custody. a. Interpreter services for the deaf, blind, or hard-of-hearing adults in custody, and non-English-speaking adults in custody may be accessed using the following information.

	Policy 2A-03 Appendix titled Policy for Provision of Auxiliary Aids and Services for Communication with People with Disabilities. Training slides for Language Access Essential for Juvenile Staff had information for non-English-speaking youth and their families. It provides training for staff on how to use the language services to translate documents and use them for immediate interpretation. The service can be used by phone, through video, or for document translation. YCC PAQ reports the agency has established procedures to provide residents with limited English proficiency 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. Written materials, including the PREA poster and brochure, were reviewed and are easy to understand. The poster and brochure are available in English and Spanish. · Safety guide brochure · Speak up and Report poster in English and Spanish Interviews: Interviews with residents with disabilities or who are limited English proficient: Two residents who were identified as having a disability were interviewed. There were no residents identified as limited English proficient to interview. Two of the residents who were identified as possibly being bilingual were interviewed. They both said they understand English and understand the PREA education and information provided to them. They did not need the information presented in a different language. (c) The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations. YCC PAQ reports the agency policy prohibits the use of 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. YCC PAQ reported they have not used a resident to interpret for another resident in the past 12 months. A resident interpreter would only be used in exigent circumstances where safety is at risk. Otherwise, staff will use interpretation services. They have a translation and interpretation service for verbal and written communication with residents. DOCR Policy 3C-04 states 115.16/115.316 Facility residents with disabilities; facility

	residents who are limited English proficient. Refer to the DOCR Coordinated Response Plan. B. Juveniles – Refer to Policy 4B-06, Limited English Proficiency; Policy 2A-03 Appendix titled Policy for Provision of Auxiliary Aids and Services for Communication with People with Disabilities. DOCR Policy 4B-06 Limited English Proficiency: 1. The Department shall maintain a directory of available qualified interpreters, including commercial telephonic interpretation services, contract telephonic interpreters, and qualified bilingual employees and volunteers, to provide language assistance to Limited English Proficiency adults in custody. a. Interpreter services for the deaf, blind, or hard-of-hearing adults in custody, and non-English-speaking adults in custody may be accessed using the following information. [PREA 115.16/ 115.316, 115.33/ 115.333] 1.) 1-877-650-8027 2.) Account Number: 9823 3.) Your Full Name: Employee Name 4.) Department Number: NDSP 530.0, JRCC 530.0, MRCC 530.0, Parole & Probation 530.0, YCC 530.2110, HRCC 530.2810, DJS 530.1220. Coordinated Response Plan states: The DOCR does not allow adults in custody or juveniles to act as an interpreter for a limited English proficient victim unless obtaining an interpreter could compromise the victim's safety, the performance of the duties of the first staff member to respond, or the investigation into the victim's allegations. If someone in the custody of the DOCR is allowed to act as an interpreter, the reason for allowing this must be thoroughly documented. Interviews: Random staff: Fifteen random staff were interviewed and asked when a resident would be allowed to interpret for another resident. Staff interviewed stated they would not use another resident to interpret for anything PREA-related. They said it was very rare for residents not to speak English. Several knew they were supposed to use a staff member to translate. A few knew about the translation service that could be used to translate. Residents (with disabilities or who are limited English proficient): The residents identified with disabilities said the PREA education was provided verbally and by video. A staff member provided the education and helped them with any questions they had about the information they received. There were no residents who were limited English proficient. According to staff and the YCC PAQ reports, there were no circumstances when resident interpreters, readers, or other resident assistants were used for PREA-related purposes. YCC staff 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. Site Observation:

	The audit team observed PREA posters in both English and Spanish in both Pine and Brown cottages. The posters had information on how to report sexual abuse and sexual harassment, and another poster on how to report anonymously to the Dakota Children's Advocacy Center (DACA) was posted by every phone in both cottages. These were also available in English and Spanish. Findings: The auditor finds the agency/facility in full compliance with PREA Provision §115.316 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted.

115.317	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who— (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. (b) The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Documentation reviewed: YCC PAQ reports that the agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the 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); • Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

	• Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. DOCR Policy 1C-11 states the Department may not hire or promote an employee or enlist the services of any contractor or volunteer who has: (PREA Standard 115.17 (a)(1)-(3)) a. 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); b. Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or c. Been civilly or administratively adjudicated to have engaged in the activity described in Subsection 5(D)(1)(a) or (b) of this policy. The Department shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may (PREA Standard 115.17 (b)-1) The auditor reviewed several background records checks of 14 new hires and 5 promotions in the past 12 months. All the files contained the required information: application with the questions in provision (a), a background check, and a child abuse registry check. One was missing the child abuse registry check. When brought to the attention of the PC and PCM, the missing child abuse check was immediately done, and verification was sent to the auditor. The auditor requested that all background checks be reviewed to ensure one wasn't missed. The PCM confirmed that it was the only one. Interviews Conducted: Administrative (Human Resources) Staff: A Human Resources staff member was interviewed and said the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone or to enlist the service of any contractor who may have contact with residents. Policy 3C-04, Prison Rape Elimination Act of 2003 states that it will not hire or promote an employee 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); Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or Been civilly or administratively adjudicated to have engaged in the activity described in Subsection 5(D)(1)(a) or (b) of this policy but it does not outline how the information if collected so that follow up checks can be conducted to determine if an applicant, employee or contract has engaged in these the items listed above. (c) Before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; (2) Consult any child abuse

registry maintained by the State or locality in which the employee would work; and (3) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Documentation Reviewed:

YCC PAQ reports the agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks; (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes 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.

DOCR Policy 1C-11 Criminal Record Check and Fingerprinting requires that, before hiring new employees who may have contact with adults or juveniles in custody, the Department shall: (PREA Standard 115.17 (c)-1) a. Perform a criminal records check, and b. Consistent with federal, state, and local law, make the best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation.

YCC PAQ reports that in the past 12 months, there were 14 people hired who may have contact with residents who have had criminal background record checks.

14 criminal background record checks for new hires were requested and reviewed by the auditor.

Interviews:

Interview with human resources staff: The Human Resource (HR) Staff said the PCM does the initial criminal background check for new hires and promotions. The PREA Compliance Manager/Investigator for YCC (PCM) also conducts criminal record background checks on contractors. The agency is building a new women’s facility on the campus, and the PCM has conducted the checks for the construction workers for it. The HR staff said the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone or to enlist the services of any contractor who may have contact with residents. The systems the facility has in place to conduct criminal record background checks of current employees and contractors are NCIC/CJIS/Odessey/Elite, and they also check if an employee, new hire, or contractor has been a visitor of a resident/offender in their agency. New hires are fingerprinted, and background checks are conducted at least every five years. In 2024, the agency outsourced criminal record background checks to be conducted every five years.

The PCM said hard copies are scanned to an Admin Assistant who places them in Filenet (electronic database), hard copies are kept in the Unit Manager's office until his yearly file audit, and then hard copies are shredded. Only limited staff have

access to Filenet, and as noted, there is a varying degree of access based on their role on a need-to-know basis.

Files Reviewed:

The auditor reviewed background checks for new hires, promotions, and contractors who might have contact with residents for the past 12 months. The auditor reviewed 14 new hire background record checks and 5 promotion background record checks.

Findings:

There was one background check for a new hire who did not have a child abuse registry check. The child abuse registry check was immediately conducted and provided to the auditor as verification. The auditor requested that the agency confirm that no other child abuse registry checks were missing. The facility confirmed that it was the only one, and explained why it had not been done originally. The individual who normally does the checks was out of the office, and a staff person who does the checks for the adult facilities did the check and was not aware that a child abuse registry check needed to be done. Otherwise, the background record checks contain the application with the questions required in provision (a), the criminal record check, the child abuse registry check, and a letter of contacting prior institutional employers on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Standard 115.317 (c) (3) requires, consistent with Federal, State, and local law, the agency to 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. The agency sends a form letter to the previous institutional employer to see if the applicant was ever the perpetrator in a substantiated sexual abuse or sexual harassment investigation against a resident or if the employee resigned during an ongoing investigation for sexual abuse or sexual harassment. On the letter, it states: “If a response is not received within 14 days from the date of mailing, an assumption of no PREA-related concerns with this individual will be made by the NDCOR.”

The agency sends a letter without any attempts to follow up. The agency will need to make “its best efforts to contact prior institutional employers,” which requires making a couple of attempts to contact the agency if a response is not received after the letter is sent. Corrective action is needed to ensure the agency/facility makes its best efforts to contact prior institutional employers by attempting to call and/or email if a letter is not received.

Corrective Action: The agency updated its procedure: All DOCR HR will follow this procedure when contacting correctional facilities listed by applicants with previous correctional work experience:

1. HR Manager will attempt to contact the facility by phone. If contact is made,

they will inform them that they will be sending a letter and request its return.

2. If telephone contact is unable to be made, the HR Manager will still send the letter to the facility PREA contact and request its return. Additionally, a new form was developed to accompany the new process. This provision is compliant. The form and process were updated so that the agency makes its best efforts to contact the prior institutional employers. An example of using the new form was provided.

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

Documentation Reviewed:

YCC PAQ reports that the agency policy requires that a criminal background records check be completed, and applicable child abuse registries be consulted before enlisting the services of any contractor who may have contact with residents.

DOCR Policy 1C-11 Criminal Record Check and Fingerprinting requires: Contractors, Unpaid Interns, and Volunteers: 1. The Department shall complete criminal record checks of the successful bidder's personnel, including subcontractors, their employees, agents, interns, volunteers, and consultants, who will have contact with adults in custody or juveniles, or who enter the premises of any Department facility. Unpaid interns, contractors, subcontractors, their employees, agents, volunteers, and consultants who may have contact with adults in custody or juveniles or who enter the premises of any Department facility shall complete the Criminal Record Check-Contractor/Intern/Volunteer form. In addition to the criminal record checks, Department staff may fingerprint all contractor personnel, including subcontractors, their employees, agents, volunteers, interns, and consultants, and submit the fingerprints to the North Dakota Attorney General's Bureau of Criminal Investigation for processing. If the fingerprint check reveals anyone having a criminal record that does not meet acceptable criteria, the Department shall prohibit that individual from working with adults in custody or juveniles or entering any Department facilities.

YCC PAQ reports that in the past 12 months, there have been 92 contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents.

A random sample of contractor and volunteer background checks was reviewed. The auditor reviewed 1 contractor and 2 volunteer background record checks.

Interviews:

Administrative (Human Resources) Staff: The Human Resources (HR) Staff said that the PCM does the initial criminal background check for new hires and promotions. The PREA Compliance Manager/Investigator for YCC (PCM) also conducts criminal record background checks on contractors. The agency is building a new women's

	facility on the campus, and the PCM has conducted the checks for the construction workers for it. (e) The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees. Documentation Reviewed: YCC PAQ reports that the agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents or that a system be in place for otherwise capturing such information for current employees. DOCR Policy 1C-11Criminal Record Check and Fingerprinting requires that criminal record checks must be conducted by NCIC-trained staff every five years on all current employees, volunteers, and contractors who may have contact with juveniles or adults in custody. (PREA Standard 115.17 (e)-1) 1. All applicants and employees shall disclose any misconduct described in Subsection 5(D)(1) of this policy through the following ways: a. Written applications or interviews for hiring or promotions; or b. Written self-evaluations conducted as part of current employee reviews. 2. Material omissions regarding such misconduct or the provision of materially false information are grounds for termination. (PREA 115.17 (g)-1) 3. Unless prohibited by law, the Department shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Interviews: Interview with human resources staff: The Human Resources staff said the facility asks in written applications for hiring, in applications or promotion, and interviews or written self-evaluation conducted as part of performance reviews of current employment, ask applicants and employees who have contact with residents about previous sexual abuse and sexual harassment. He said they ask these questions on annual performance evaluations. The PCM said that DOCR runs all current employees on a scheduled timeline. The last one was done in 2023. The next one is scheduled for 2028. Contractors are run every year. Record Check: A request for verification of five-year checks was provided. The auditor reviewed 24 five-year background record checks

	(f) The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. The auditor reviewed 9 self-evaluations that are part of reviews of current employees to confirm that employees who have contact with residents are asked about previous misconduct described in paragraph (a) of standard 115.317. (g) Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. DOCR Policy 1C-11Criminal Record Check and Fingerprinting requires: Criminal record checks must be conducted by NCIC-trained staff every five years on all current employees, volunteers, and contractors who may have contact with juveniles or adults in custody. (PREA Standard 115.17 (e)-1) All applicants and employees shall disclose any misconduct described in Subsection 5(D)(1) of this policy through the following ways: a. Written applications or interviews for hiring or promotions; or b. Written self-evaluations conducted as part of current employee reviews. Material omissions regarding such misconduct or the provision of materially false information are grounds for termination. Documentation Reviewed: The YCC PAQ reports that the agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. The auditor reviewed self-evaluations conducted as part of employee reviews. (h): Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Interviews: Administrative (Human Resources) Staff - The HR staff said the facility imposes upon employees a continuing affirmative duty to disclose any such previous misconduct, such as sexual abuse and sexual activity in the community. When a former employee applies to work at another institution, upon request from that institution, the facility will provide information on substantiated allegations of sexual abuse or sexual harassment involving the former employee. They will also place the request in the file.

	Human Resources staff stated that staff has a continuous duty to disclose any misconduct. Finding: The auditor finds the agency/facility is in full compliance with PREA Provision §115.317 based upon analysis of all available evidence, including the documentation provided and interviews conducted.

115.318	**Upgrades to facilities and technologies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. Documentation reviewed: YCC PAQ reports that the agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit. YCC PAQ indicates that the facility constructed a wall with an egress door in Pine Cottage, installed a door frame, and replaced glass. The items provided are not a substantial expansion or modification since the last PREA audit. Interviews Conducted: Agency Head: The agency head said they consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. They are currently building a new women's facility, and they ensure the PC is involved in the design meetings and that the architects understand PREA and other standards as it is being built. The warden said there haven't been substantial expansions or modifications, but they did install two glass walls in Pine Cottage to separate the pods for female residents if they have enough. Currently, there is only one housed at the facility. The warden said that the pods allow them to physically separate residents into different sections. Site Review Observations

	The audit team saw the glass walls installed in Pine Cottage. The walls enable the facility to separate residents from one another. Before, it was an open space. The staff is still able to see and hear residents if they are on the other side of the glass wall. (b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse. Documentation Reviewed: YCC PAQ reports the facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. In conversations with the PC, it was learned that the facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology at YCC since the last PREA audit. A couple of cameras have been installed in the existing monitoring system. Interviews: Interview with the Agency Head: The agency head said that they are looking at updating their monitoring systems and technology. Every facility can request funding for cameras and areas that have blind spots. They are currently working on getting body cameras for some facilities to help reduce false allegations, reduce investigations, and look at facility recognition tools as well. Interviews: The warden said they review areas for improvement when installing or updating technology, such as video monitoring systems or electronic surveillance. The warden said they have not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology. Finding: The auditor finds the agency/facility is in full compliance with PREA Provision §115.318 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted.

115.321	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the

	potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. (b) The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. 14 (c): The agency shall offer all residents who experienced sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs. Documentation reviewed: YCC PAQ reports the agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). DOCR Policy 3C-04, (PREA) Prison Rape Elimination Act of 2003, Dated July 31, 2025 states, " All victims of sexual abuse will be offered access to forensic medical examinations [115.21 (c)-1] a. b. Forensic medical examinations will be offered without financial cost to the victim. Forensic examinations will be conducted at Sanford Health (Bismarck) and Jamestown Regional Medical Center (Jamestown), unless exigent circumstances exist. [115.21(c)-2] Evidence Protocol and Forensic Medical Examinations. Refer to the DOCR Coordinated Response Plan." DOCR Policy 3C-04 states, "115.21/115.321 Evidence Protocol and Forensic Medical Examinations. Refer to the DOCR Coordinated Response Plan." The Coordinated Response Plan outlines how First Staff Members Respond: The first staff member to respond to an allegation of sexual abuse shall complete the following duties in this order: 1) Separate the victim from the perpetrator. 2) Notify the shift supervisor of the alleged incident. 3) Preserve and protect any crime scene until appropriate steps can be taken to collect evidence. 4) If the alleged abuse occurred within the past 96 hours, request that the victim not take any action that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, eating, or drinking. 5) If the alleged abuse occurred within the past 96 hours, staff will ensure that the

	perpetrator does not take any actions that could destroy physical evidence, including, as appropriate washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. 6) Document actions taken. Shift Supervisor: Upon notification of an alleged incident of sexual abuse, the shift supervisor shall: 1) Notify the facility warden and the PREA compliance manager. 2) Ensure duties of the first responder are completed. 3) If known, secure the perpetrator and direct staff to ensure the person does not take any actions to destroy potential evidence. (eating, drinking, going to the bathroom, showering, changing clothes) 4) Work with facility medical staff to determine whether external medical services are needed. a. If external medical examination is required, the medical center will activate the Sexual Assault Response Team (SART). The following will report to the hospital: a Sexual Assault Nurse Examiner, a community-based victim advocate, and law enforcement personnel. b. If there is no need for external medical services, an internal behavioral health practitioner will be utilized for assessment and support. 5) In the event transportation is necessary, it will be in accordance with transport policy. The facility warden will approve any exceptions. If the victim must change into to transport clothes, the following process will be followed: a. The victim must undress on exam paper. b. Each item of clothing must be placed in a separate paper bag (no plastic) and closed with evidence tape. c. The folded paper the victim undressed on must be placed in a separate paper bag (no plastic) sealed with evidence tape. d. Staff shall start a Chain of Possession of Evidence on the evidence National Protocol for Sexual Assault Medical Forensics Examinations, Second Edition was reviewed. Contract with Dakota Children’s Advocacy Center and the YCC was reviewed. The Memorandum of Understanding (MOU) with the North Dakota Highway Patrol was reviewed. The YCC PAQ reported that the agency/facility is responsible for conducting administrative sexual abuse investigations, but they are not responsible for

	conducting criminal sexual abuse investigations. Criminal investigations are completed by the North Dakota State police. Interviews Conducted: Random Staff: Most staff know the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. Also, most staff know who the YCC facility investigator is. One random staff person said the highway patrol, another said the PC, and one staff member wasn't sure. (Consider holding training to provide information on who conducts investigations for administrative and criminal investigations.) SAFE/SANE Staff: The agency does not conduct forensic medical exams on-site. Residents are taken to a hospital for an examination. (c): The agency shall offer all residents who experienced sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs. YCC PAQ reports that the facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility. The forensic medical examinations are offered without financial cost to the victim. Exams are conducted by a Sexual Assault Forensic Examiner (SANE). There haven't been any forensic medical exams conducted during the past 12 months for residents at YCC. Documentation Reviewed: Contract with Dakota Children's Advocacy Center (DACA) and DOCR. Interviews: PREA Compliance Manager said that if a resident requests a victim advocate, one would be provided by the DACA for emotional support, crisis intervention, or referral during the forensic medical examination and investigatory interviews. SANE at Central Dakota Hospital: A forensic nurse examiner said the exams are performed at Sanford for youth. A SANE is available 24 hours a day. The youth would go to DACA, and the hospital would conduct a forensic medical exam. The nurse calls SANE to respond to the hospital. Staff at DACA were interviewed, and the auditor was told they would conduct a forensic interview and would ensure a forensic medical exam was done at the hospital.

There are no SANE staff at YCC. Therefore, no interviews were conducted by SANE staff at YCC. Forensic medical exams are conducted at the hospital by a SANE from the community.

(d): The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

Documentation Reviewed:

YCC PAQ reports that the facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means.

Contract with DACA states: Residents are provided access to the Dakota Children’s Advocacy Center for advocacy (DACA). The DACA provides such services as advocacy, forensic interviews, medical evaluation, and mental health. The forensic medical exam would be at Sanford Hospital.

Interviews:

PREA Compliance Manager: The PCM said that they have a contract with the advocacy center and make contact with the DACA when they would need a victim advocate for a resident.

Residents who Reported a Sexual Abuse: The resident who reported sexual abuse declined to answer the question. The auditor was told by the resident that they did not want to talk about it or answer questions about it. They declined to answer the questions.

(e): As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

Advocates from DACA would accompany the resident and support them through the forensic medical examination process and investigatory interviews, and would provide emotional support, crisis intervention, information, and referrals.

Documentation Reviewed:

	YCC PAQ reports that if requested by the victim, a victim advocate, or qualified agency staff member, or a qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. Coordinated Response Plan requires: ADVOCACY: If requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization, a DOCR staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews. Their role is to provide emotional support, crisis intervention services, information, and referrals Interviews: PREA Compliance Manager: The PCM said that if requested by the victim, a victim advocate from DACA would be provided for emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. Residents who Reported a Sexual Abuse: The resident who reported sexual abuse declined to answer the question. DACA staff said that they would provide a victim advocate to the victim of sexual abuse. That information is not in their contract with the agency/facility. Recommend that it be added and expanded on all services DACA provides. (f): To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. Documentation Reviewed: YCC PAQ reports that the agency is not responsible for investigating criminal allegations of sexual abuse and relies on another agency to conduct these investigations. The agency requests that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards. The ND Highway Patrol investigates criminal allegations of sexual abuse. The PC requested the ND Highway Patrol, which is responsible for conducting criminal sexual abuse allegations, to follow the requirements of paragraph 115.321 (a) through (e) of the standards. The auditor reviewed the email that was sent to the agency responsible for conducting a criminal allegation of sexual abuse. (g): The requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.

	The auditor is not required to audit this provision. (h): For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. N/A. No qualified agency staff member or a qualified community-based staff member who has been screened for appropriateness to serve in this role provides advocacy. The advocates are provided by the NDCAC Finding: 15 random staff were asked about the agency's protocol for obtaining usable physical evidence. The majority stated that they would separate the victim and suspect, secure the scene, and notify them through their chain of command. Most knew that a staff member conducted administrative investigations and the ND Highway Patrol conducted criminal investigations. The Coordinated Response Plan outlines the uniform evidence protocol for evidence to be preserved to ensure obtaining usable physical evidence. The agency has a contract with the Dakota Children's Advocacy Center to provide forensic interviews. The results of the interview are sent to the ND Highway Patrol. The DACA offers resident advocates. Residents are provided access to the Dakota Children's Advocacy Center, and forensic medical exams are done at Sanford Health. Forensic interviews are conducted by the Dakota Children's Advocacy Center. The coordinated response plan states that forensic medical examinations are offered without financial cost to the victim. Additionally, the PREA Coordinator and PREA Compliance Manager said that the exams are offered without financial cost to the victim. Finding: The auditor finds the agency/facility is in full compliance with PREA Provision §115.321 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted.

115.322	**Policies to ensure referrals of allegations for investigations**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	(a) The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Documentation reviewed: YCC PAQ reports there were 4 allegations of sexual abuse and sexual harassment in the past 12 months. Three allegations were for sexual harassment, and one was for sexual abuse. The YCC PAQ states that 2 allegations were referred for criminal investigation. One for sexual harassment and one for sexual abuse. YCC PAQ reports that all the allegations received during the past 12 months (Criminal and administrative) were completed. NDCR Policy 3C-04 states § 115.22/115.322 Policies to ensure referrals of allegations for investigations. The Department is responsible for ensuring an administrative investigation is completed for all allegations of sexual abuse and/or harassment that occur within a Department facility. If the act is potentially criminal, Department staff also shall ensure the completion of a criminal investigation. Refer to the DOCR Coordinated Response Plan; and Policy 1A-27, Criminal Investigations, Intelligence; and Alleged Delinquencies; Policy 1A-09, Professional Standards Investigations. Investigations of sexual abuse and sexual harassment were reviewed. The audit reviewed 4 investigations. Interviews: Agency Head: The agency head said that the highway patrol does the criminal investigations for all facilities. They maintain good relationships with them. The facility completes all initial steps once a claim is made. The PREA Coordinator is involved, and Highway Patrol would be contacted depending on the nature of the claim. Some cases are handled just internally, and the professional standards staff and/or human resources may be involved in cases involving possible staff misconduct. (b) The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals. Documentation Reviewed: YCC PAQ reports the agency has a policy that requires allegations of sexual abuse or sexual harassment to be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its

	own investigations, unless the allegation does not involve potentially criminal behavior. DOCR Policy 3C-04 states 115.22/115.322 Policies to ensure referrals of allegations for investigations. The Department is responsible for ensuring an administrative investigation is completed for all allegations of sexual abuse and/or harassment that occur within a Department facility. If the act is potentially criminal, Department staff also shall ensure the completion of a criminal investigation. Refer to the DOCR Coordinated Response Plan; and Policy 1A-27, Criminal Investigations, Intelligence; and Alleged Delinquencies; Policy 1A-09, Professional Standards Investigations. DOCR Policy 1A-27 Investigations, Intelligence and Alleged Delinquencies states the department will have policies and procedures for conducting internal investigations, including administrative and criminal investigations. It is the purpose of this policy to provide department investigators and employees with guidelines and principles for the investigation of violations of DOCR policies and procedures and for the collection, analysis, and dissemination of criminal intelligence and investigative information, the enforcement and investigation of violations of criminal laws, the preservation of evidence, and the prevention of criminal activity on department property. (2-CO-1A-26) It is the policy of the department to compile, analyze, and disseminate criminal intelligence information to authorized individuals and entities, conduct criminal investigations of suspected criminal activity on department property, and to make arrests for violations of the criminal law when there is probable cause to believe there has been a violation of the criminal law and the arresting officer has the authority to make the arrest. DOCR Policy 1A-09 Professional Standards Investigations states that the DOCR will have a procedure in place for the receipt, investigation, and response of determination for complaints received by the agency from any person or employee. Coordinated Response Plan requires under CRIMINAL INVESTIGATIONS: If, during the administrative investigation, it is found there were acts that are potentially criminal, the administrative investigation will stop until the conclusion of the criminal investigation unless directed to do otherwise by the DOCR Director. Information cannot be shared between the administrative investigator and the criminal investigator unless a Miranda Warning was given for administrative interrogations of the individual(s) who may face criminal charges. The primary criminal investigative agency for allegations within all DOCR facilities is the ND Highway Patrol. The Coordinated Response Plan provides a process to ensure that allegations of sexual abuse and/or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. However, it’s a plan, not a policy. Corrective action is needed to develop a policy for allegations of sexual abuse or sexual harassment to ensure they are referred for investigation to an agency with the legal authority to conduct criminal investigations. Corrective Action. The agency has the Coordinated Response Plan on its website under additional resources that outlines 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 potential criminal behavior. Investigation Review: The auditor reviewed the investigations and confirmed that the two allegations were referred to the ND Highway Patrol. One allegation was for sexual abuse, and one was for sexual harassment. Interviews: Investigative Staff: The investigator said that allegations of sexual abuse are referred to the Highway Patrol to do their investigation first. Sexual harassment is referred to the state highway patrol if it involves potential criminal behavior. ND Highway Patrol was interviewed. ND Highway Patrol confirmed that the facility refers allegations of sexual abuse or sexual harassment to them to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. (c) If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. The agency has the DOCR PREA Coordinated Response Plan on the website. The plan outlines: CRIMINAL INVESTIGATIONS: If, during the administrative investigation, it is found that there were acts that are potentially criminal, the administrative investigation will stop until the conclusion of the criminal investigation unless directed to do otherwise by the DOCR Director. Information cannot be shared between the administrative investigator and the criminal investigator unless a Miranda Warning was given for administrative interrogations of the individual(s) who may face criminal charges. The primary criminal investigative agency for allegations within all DOCR facilities is the ND Highway Patrol. When the North Dakota Highway Patrol investigates sexual abuse, DOCR investigators shall cooperate and assist as requested with outside investigators and shall remain informed about the progress of the investigation. In some cases, the DOCR may elect to have the criminal investigation completed by trained DOCR staff. 115.322(d): Auditor is not required to audit this provision. 115.322(e): Auditor is not required to audit this provision. Findings: The agency ensures that administrative and criminal investigations are completed for all allegations of sexual abuse and sexual harassment. There were 4 allegations in the past 12 months, and all were investigated. One was conducted by the ND Highway Patrol as a criminal investigation and is currently under litigation.

	DOCR Policy 3C-04 PREA of 2003 requires the Department is responsible for ensuring an administrative investigation is completed for all allegations of sexual abuse and/or harassment that occur within a Department facility. If the act is potentially criminal, Department staff also shall ensure the completion of a criminal investigation and refer to the ND DOCR Coordinated Response Plan. The policy and plan are on the ND DOCR website. The Coordinated Response Plan requires that allegations of sexual abuse and sexual harassment be referred for investigation. The agency has a policy for conducting internal investigations, including administrative and criminal investigations. The agency also has a policy and procedure for the receipt, investigation, and response to determinations for complaints received by the agency. The ND Highway Patrol is responsible for conducting criminal investigations, and the information is contained in the Coordinated Response Plan, which is on the agency website. There is a statement in the Coordinated Response Plan, "In some cases, the DOCR may elect to have the criminal investigation completed by trained DOCR staff." It is recommended to revise the last statement to "exclude sexual abuse and sexual harassment allegations." YCC developed its own written coordinated response for the agency plan. The auditor finds the agency/facility is in full compliance with PREA Provision §115.22 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted.

115.331	**Employee training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The agency shall train all employees who may have contact with residents on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment;(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;(3) Residents’ right to be free from sexual abuse and sexual harassment;(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;(5) The dynamics of sexual abuse and sexual harassment in juvenile facilities; (6) The common reactions of juvenile victims of sexual abuse and sexual harassment;(7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; (8) How to avoid inappropriate relationships with residents;(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming

	residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;(11) Relevant laws regarding the applicable age of consent. (b) Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa. Documentation reviewed: The YCC PAQ reports that the agency trains all employees who may have contact with residents on how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. It says the agency trains all employees who may have contact with residents on: -the right of residents to be free from sexual abuse and sexual harassment, -the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment, -the dynamics of sexual abuse and sexual harassment in juvenile facilities, -the common reactions of juvenile victims of sexual abuse and sexual harassment, -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, -how to avoid inappropriate relationships with residents and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities, and -relevant laws regarding the applicable age of consent. YCC PAQ reports that the training is tailored to the unique needs, attributes, and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are not given additional training because they hold both male and female residents. Both genders are at YCC. The auditor reviewed a sample of training records: PREA of 2003, PREA 2003 Refresher, On-The-Job (OTJ) Modules, PREA Refresher Training 2025 and 2026, and Be Legendary PREA CIYJ Training. Interviews Conducted: Random Sample of Staff: 15 random staff members were interviewed, and they said they had received training on the agency's zero-tolerance policy on sexual

	abuse and sexual harassment, their responsibilities, and residents' rights. The auditor reviewed the training curricula provided, and all the elements required in provision (a) were included. Retaliation is discussed, but the requirement that residents and employees have the right to be free from sexual abuse and harassment is not mentioned on the slide. Corrective action is needed to ensure that the "rights of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment" are added to the PREA of 2003 training. Corrective action resolution: A new training was developed titled 2026 PREA refresher: Updated policies and procedures for NDYCC staff. It includes information on the rights of residents and staff to be free from retaliation for reporting sexual abuse and sexual harassment. All YCC staff were required to receive the training. (c) All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies. Documentation Reviewed: The YCC PAQ reports that between trainings, the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. YCC PAQ reports employees who may have contact with residents receive refresher training on PREA requirements annually. 2025 PREA Refresher Training 2026 Refresher Training The auditor reviewed a sample of training records for the 2025 and 2026 PREA refresher training. In the sample review, employees had received the 2026 training, and a few were in progress or enrolled in it but had not started it. The training director notified those employees that the training needed to be completed by April 30, 2026. The training director verified that the training was completed by YCC staff. The sample review showed that 5 staff had completed the initial PREA training, and a sample review of 23 staff completed the 2025 refresher training, and all but a few completed the 2026 PREA refresher. The refresher training is done yearly, which exceeds the standard requirement. (d) The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.

	Documentation Reviewed: YCC PAQ reports that the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. For the 2025 and 2026 refresher training, staff have to acknowledge that they agree that the NDDOC is committed to a zero-tolerance policy towards all forms of sexual abuse and sexual harassment. It is everyone’s duty to prevent, detect, report, and respond to every allegation of sexual abuse and sexual harassment to provide a safe environment for those in our care. The initial PREA training for new employees requires them to sign a document stating that they have attended and understand the PREA training. The auditor reviewed samples from November 2025, February 2026, April 2026, and May 2026, which contained signed PREA acknowledgment documents. After employees complete the PREA training, they are required to sign the new employee orientation form that says, I understand and will comply with all PREA requirements presented during training. The refresher training for 2025 and 2026 does not require employees to document by signature or electronic verification that they understand the training they received. The last slide on the training has a statement that staff have to select “I Agree” to complete the course. The standard requires that the agency document that staff members “understand” the training they received. Corrective action to ensure staff members document, through employee signature or electronic verification, that the employee "understands the training they received" for refresher training. Corrective action resolution: In the 2026 refresher training, YCC staff members were required to electronically verify that they understand and agree to the training they received. Additionally, the training was updated and is comprehensive, including information on the rights of residents and staff to be free from retaliation, the requirements outlined in standard 115.331, and employees document through electronic verification that the employee understands the training they received. The facility staff received the updated employee training. The PREA compliance manager verified that all the employees received the updated training. The training includes the requirement to electronically verify that the employee understands and agrees to the training they received. The PCM said that the only way employees can complete the training is to sign the electronic verification that they understand the training. Interviews: 15 random staff members were interviewed, and most stated they received training on PREA either at the training academy or at the facility. The auditor finds the agency/facility is in full compliance with PREA Provision

	§115.331 based upon analysis of all available evidence, including the documentation provided and interviews conducted.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. (b) The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. c): The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. Documentation reviewed: DOCR Policy 3C-04 states 115.32/115.332 Volunteer and Contractor Training. Juveniles – Refer to Policy 1D-03, Training Requirements and Orientation, and Policy 3A-15, Facility Access and Perimeter Security. DOCR Policy 1D-03 states Volunteer, part-time employee, and contractor orientation: (PREA 115.332) 1. Orientation for contractors, volunteers, interns, and part-time employees must be appropriate to their needs based on prior experience, frequency of juvenile contact, and program responsibility. YCC PAQ reports that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The YCC PAQ reports that 96 volunteers and contractors who have contact with residents have been trained in the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. YCC PAQ reports that the level and type of training provided to volunteers and contractors are based on the services they provide and the level of contact they have with residents.

	The auditor reviewed 20 contractor/volunteer background checks, applications, and PREA training documents that they signed stating that they received and understood the training received. The auditor was provided a document titled "Volunteer Information on Prison Rape Elimination Act (PREA) Training". The Volunteer training was reviewed, and it has information that there is zero tolerance toward sexual abuse and harassment. There is some information on prevention, but detection and response policies and procedures are not included. There isn't any information on how to report. The standard requires that volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, and trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention and detection, and response policies and procedures. In interviews with volunteers, they were asked who to report sexual abuse and sexual harassment of a resident; the responses varied. Additionally, not all of the definitions are included in the training. Sexual harassment is missing. Corrective action to ensure volunteers are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention and detection, and response policies and procedures, specifically how and who to report sexual abuse and sexual harassment. Add sexual harassment to the definitions. Corrective action resolution: The volunteer and contractor PREA training was updated. The definition for sexual harassment was added. Additionally, voyeurism was added to the sexual abuse definition. All the current volunteers and contractors received the updated PREA training and signed PREA training acknowledgments. The active contractors and volunteers received the updated training. The auditor selected eight of the 27 contractors and volunteers to review the documentation confirming that they understand the training they received. The facility provided documentation as verification that they received the updated PREA training. There are also contruction/maintenance workers on the campus constructing the new women's facility. According to the PREA compliance manager, they are escorted and observed by NDDOCR staff and not left alone with any residents. The PCM provided the names for active contstruction/maintenance workers. The list included those who received a background check, CANS, and PREA training. The list of current contruction/maintenance workers is as of July 2026. Those not passing the background check were not permitted to work on the construction project and, as a result, did not receive any of the required training due to being denied eligibility to work on the NDDOCR grounds. The auditor selected four names to receive the documentation confirming that they understand the training they received. Interviews: In interviews with contractors/volunteers, they said they have been trained in their responsibilities regarding sexual abuse and sexual harassment, prevention, detection, and response. They knew the facility had a zero-tolerance policy. When

	asked who to report sexual abuse or sexual harassment of a resident, the responses varied from reporting it to different staff to calling law enforcement. The PC and PCM said that contractors receive the same training as employees. Documentation: Four volunteer/contractor PREA Training Acknowledgements were reviewed. They had a signed training acknowledgment in the file. The form states, "I acknowledge that I understand and will comply with the PREA requirements presented during training." Finding: The auditor finds the agency/facility is in full compliance with PREA Provision §115.332 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted.

115.333	**Resident education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) During the intake process, residents shall receive information explaining, in an age-appropriate fashion, the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Documentation reviewed: YCC PAQ reports that residents receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. NDCR Policy 3C-04 (PREA) Prison Rape Elimination Act of 2003, Dated July 31, 2025, 115.33/115.333 Adult and Juvenile in Custody Education. b. Juveniles – Refer to Policy 4A-01, Admission, Screening, Orientation, and Transfers; Policy 4B-06, Limited English Proficiency; Important Information about your Juvenile Rights form; Intake Juvenile PREA Education; YCC Safety Guide. DOCR 4A-01 states to continue the intake process by completing the following: 8) Sexual Safety Pamphlet (PREA 115.333) and g. A juvenile is classified using the

	Sexual Victimization and Abusiveness Risk Assessment and assigned to housing that considers: (3-JCF-3A-05) (PREA 115.333) The PREA Informational Guide for Offenders (brochure) was reviewed. PREA Posters were reviewed. YCC PAQ reports that 168 residents admitted in the past 12 months were given PREA education at intake. Interviews Conducted: Intake Staff: Intake staff interviewed said that upon intake, the residents are educated on the agency’s zero-tolerance policy on sexual abuse and sexual harassment. The residents are given a Safety Guide pamphlet, the Intake Youth PREA Education form is reviewed with staff, and the residents sign it. Random Residents: Eighteen residents were interviewed, and most said they were provided PREA education that included the facility’s rules against sexual abuse and sexual harassment. A couple did not remember. The YCC PAQ reported that the number of residents admitted in the past 12 months who were given this information at intake was 168. The facility states in the YCC that the number of residents admitted to the YCC facility is 168. 100% of the residents received the education. An intake staff member walked the auditor through the education process. The intake staff stated that YCC staff show the PREA video to all newly arriving residents when they enter Pine Cottage. They also stated that they ensure the residents know their rights regarding PREA by going over the Intake Youth PREA Education form, which has information on the agency's zero tolerance, residents' rights to privately report sexual abuse and sexual harassment, how to report, and their right to get help from medical and mental health care professionals at no cost, regardless of whether the resident files a report. Also, their rights to receive emotional support services. The form also advises residents that ND YCC staff are mandatory reporters and required by law to report any abuse reported to them. Interviews with random inmates: Of the 18 random inmates interviewed, 13 stated they received educational information about the zero-tolerance policy and how to report upon arrival at YCC, 5 stated they did not, and one stated they did not remember. Those who did not recall receiving the PREA education signed statement were reviewed. Additionally, one resident asked to see the education, and he was immediately provided with the education again. 115.333 (b) Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from

	retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Documentation Reviewed: The YCC PAQ reported that 168 residents admitted during the past 12 months received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake. DOCR Policy 3C-04 states Facility Residents Education Juveniles: Refer to Policy 4A-01, Admission, Screening, Orientation, and Transfer; Policy 4B-06 Limited English Proficiency; Important information about your Juvenile Rights form/ Intake Juvenile PREA education/ YCC Safety Guide. DOCR Policy 4A-01 requires residents to receive the Sexual Safety Pamphlet (PREA 115.333), and a juvenile is classified using the Sexual Victimization and Abusiveness Risk Assessment and assigned to housing that considers: Age Gender Maturity Level Sexual Orientation and Gender Identity History of physical victimization or perpetration History of sexual victimization or perpetration Eighteen resident intake education and comprehensive education within 10 days of intake for residents entering the facility in the last 12 months were reviewed by the auditor. Education materials – PREA resident video and Safety Guide Pamphlet were reviewed by the auditor. Interviews: Intake Staff: Intake staff said that residents are educated regarding their rights to be free from sexual abuse and sexual harassment, retaliation for reporting, and the agency’s zero tolerance policy, and how to report at intake. The staff goes over that information with them, and then another staff member goes over it more in depth within two to three days of the resident's arrival. The comprehensive PREA education is provided to the residents within two to three days, and then every month, the staff go over PREA information, and the residents are required to take a PREA quiz.

	Resident Interview Questionnaire: About half said that they received the PREA education when they first arrived. Several said that they did not see a video on sexual abuse or sexual harassment when they first arrived. The auditor reviewed the residents' PREA education upon arrival, and all had received the intake and comprehensive education. Additionally, residents receive PREA education monthly. 115.333 (c) Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident’s new facility differ from those of the previous facility. Documents Reviewed: DOCR 3C-04 states Facility Residents Education Juvenile – Refer to Policy 4A-01 Admission, Screening, Orientation and Transfers; Policy 4B-06 Limited English Proficiency; Important Information about your Juvenile Rights Form/ Intake Juvenile PREA Education/ UCC Safety Guide. Interviews: Intake staff – Intake staff interviewed said that upon intake, the residents are educated on the agency’s zero-tolerance policy on sexual abuse and sexual harassment. The residents are given a Safety Guide pamphlet, the Intake Youth PREA Education form is reviewed with staff, and the residents sign it. Site Review: There weren’t any intakes during the on-site audit. One was expected, but it was canceled. As a result, the intake staff walked the auditor through the intake process for a new resident. The intake steps included changing clothes to going through the residents' intake paperwork and process, which included the intake youth PREA education, which is a form that the residents read or have read to them and are required to sign. Residents can ask questions about the information they receive. The information includes the agency's zero-tolerance policy and that it is never okay for someone to be sexually abused or sexually harassed, and it is always illegal for staff to have any sexual contact with youth. It further states that if a youth is sexually abused or sexually harassed, they have the right to report and the different ways to report. The document also states that youth can be offered advocacy services with the Dakota Children’s Advocacy Center, and if sexually abused, have the right to get help from trained medical and mental health care professionals at no cost. (This is a highlight of the form; not everything on the form is included.) The document states, “All NDYCC staff are mandatory reporters and are required by law to report any abuse that they report to them. I have reviewed the DJS Safety Guide with staff and was given a copy to keep. Signature of youth date. Distribution: Master Youth Record”

	Random check of resident record corroborates that current residents received comprehensive PREA education within 10 days of intake. 1 out of 10 residents had not received the comprehensive PREA education within 10 days of intake. YCC PAQ reports that Intake Staff provide the Safety Guide to residents at Intake. Finding: Intake staff said that they provide the intake packet at intake for all new residents. The intake packet includes an Intake Youth PREA education, which provides information on the agency's zero-tolerance policy and how to report sexual abuse and sexual harassment. The video explains information about the agency's zero tolerance of sexual abuse and sexual harassment. YCC uses the Safety Guide pamphlet and PREA posters to outline how residents can report. Having this information on tablets could be helpful so that residents can easily see their options for reporting sexual abuse and sexual harassment, their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. 115.333 (d) The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. Documentation Reviewed: The YCC PAQ reported that, in addition to brochures, inmates watch a video titled "What you need to know," and that it has audio and is closed captioned. DOCR Policy 3C-04 states, "Facility Residents Education Juvenile – Refer to Policy 4A-01 Admission, Screening, Orientation and Transfers; Policy 4B-06 Limited English Proficiency; Important Information about your Juvenile Rights Form/ Intake Juvenile PREA Education/ UCC Safety Guide. " DOCR Policy 4B-06 states, "Limited English Proficiency: The Department shall maintain a directory of available qualified interpreters, including commercial telephonic interpretation services, contract telephonic interpreters, and qualified bilingual employees and volunteers, to provide language assistance to Limited English Proficiency adults in custody. Interpreter services for the deaf, blind, or hard-of-hearing adults in custody, and non-English-speaking adults in custody may be accessed. Information on how to access the information is included. If an adult in custody or juvenile is a Limited English Proficiency person and needs language assistance, including assistance for purposes of classification; accessing Department programs and information; understanding rules and disciplinary proceedings; gaining eligibility for parole or pardon or alternatives to revocation; for medical care; or participation in education, work, or treatment programs, the Department shall provide language assistance through available qualified

	interpreter services.” DOCR 4A-01 Juvenile Facility Admissions, Screening, Orientation & Transfer states: Staff shall provide extra assistance to juveniles who are limited in English proficiency, deaf, visually impaired, have limited reading ability, or are otherwise disabled are provided assistance. Interviews: There were no residents who were limited English proficient to interview. Two residents who were identified with cognitive or functional disabilities were interviewed. The residents were interviewed using the disabled and limited English proficient inmates’ protocol. One resident said they did not receive information about sexual abuse and sexual harassment, and the other one said they did, and it was in a manner they were able to understand. The one resident who said they had not received it was offered the comprehensive PREA education that day and received it. Additionally, the auditor reviewed the resident’s intake form to ensure the PREA education had been provided and that they had received it. 115.333 (e) The agency shall maintain documentation of resident participation in these education sessions. Documentation Reviewed: DOCR Policy 3C-04 states, "Continue the intake process by completing the following: Sexual Safety Pamphlet (PREA 115.333). A juvenile is classified using the Sexual Victimization and Abusiveness Risk Assessment and assigned to housing that considers: Age, Gender, Maturity Level, Sexual Orientation and Gender Identity, History of physical victimization or perpetration, History of sexual victimization or perpetration. Availability of programming and compliance with standards related to the Prison Rape Elimination Act of 2003 are taken into account.” The auditor also reviewed the forms that the residents signed that they participated in the education sessions: -Intake Youth PRE Education Form -Monthly PREA Education/Quiz DOCR Policy 4A-01 states that a Juvenile Institutional Residence Specialist shall: Give written orientation materials to the juvenile. The juvenile shall sign the Juvenile Handbook Receipt. Staff shall provide extra assistance to juveniles who are limited in English proficiency, deaf, visually impaired, have limited reading ability, or are otherwise disabled are assisted.

	The juveniles sign receipts stating they understand this information. These forms are placed in their file. (PREA 115.316) A review of documentation confirmed that residents received the intake and comprehensive PREA education. Then they received monthly education and had a quiz. It was recommended to the facility that, instead of offering the same information each month, different information be offered each month. The staff who conducted the PREA education seemed excited and interested in this recommendation. 115.333 (f) In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. Documentation Reviewed: Resident Safety Guide Pamphlet Intake Youth PREA Education packet PREA Posters Site review observations: During the site review, the audit team found PREA posters in every living unit. They were mostly located on bulletin boards, and the anonymous option was posted near the phones in the housing areas. When residents were interviewed, they all stated that one of the reporting options was to use the phone, and the information on how to use it was posted by the phones in every housing area. The Speak Up and Get Help posters were letter-sized, printed in black and white in English and Spanish, and laminated. The Speak Up and Get Help Poster has the following ways to report: Report to staff, report to a family member or community member, report to the anonymous third-party phone line, and file a grievance. Posters or brochures on ways family members can report would be helpful for residents to be able to provide information to family members of third parties on how to report sexual abuse or sexual harassment for them if needed. Also, putting reporting information on their tablets could provide residents with information on all the ways to report, so it is readily available to them, if needed. Finding: Residents receive PREA education at intake at Pine Cottage, and the comprehensive education is generally provided within 10 days. The auditor reviewed 13 random residents' documents, and one resident did not receive the comprehensive education, which includes a video, within 10 days. It was brought to the attention of the PC and PCM and was added to the tracking document that will be monitored to ensure that residents receive the comprehensive education within 10 days.

	The residents receive monthly PREA education. It was recommended that the PREA-related topics change monthly and that quiz questions be changed each month, too. The YCC PAQ reports that all residents who have entered the facility in the past 12 months have received PREA education. Residents might be confused that only staff on residents is prohibited in the Intake Youth PREA Education form. It states, " It is never okay for someone to be sexually abused or sexually harassed, and it is always illegal for staff to have any sexual contact with youth." Recommend including that sexual abuse and sexual harassment of a resident by another resident is prohibited. Residents can report incidents or suspicions of sexual abuse or sexual harassment, too. The facility updated the reporting and emotional support education documents and posters. These documents ensure that information is consistent and that the emotional support option is compliant with the standards. The facility has options for the residents to report. They can write to Just Detention International or call the Dakota Children's Advocacy Center, where they can talk directly to an advocate. The staff educated all the residents at the facility on the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, updated reporting/anonymous reporting options for reporting incidents or suspicions of sexual abuse or sexual harassment, and to be free from retaliation for reporting such incidents, as well as how to access victim advocates for emotional support. The information is being provided at Intake and during their comprehensive education. This information in the handbooks and posters was updated and can be provided in Spanish or in another format if needed. The updated posters were put throughout the facility, housing area, dining area, medical, classrooms, etc. In all areas where residents have access. Photos were sent to the auditor. The auditor finds the agency/facility is in full compliance with PREA Provision §115.333 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted.

115.334	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(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. Documentation reviewed: YCC PAQ reports that two staff have completed the training. NDCR Policy 3C-04, (PREA) Prison Rape Elimination Act of 2003, Dated July 31, 2025, states “Specialized Training: Investigations Juveniles- Refer to Policy 1D-05 specialized training.” DOCR Policy 1D- 05 states, “The Division of Juvenile Services shall have procedures for specialized training for staff at the NDYCC. PROCEDURES: A. The following specialized training topics are mandated for employees as it applies to their specific job function and to maintain certifications: (Safety, Order) Prison Rape Elimination Act of 2003, Report Writing and Lifeguard B. Specialized training for certain job functions may be mandatory on an as needed basic to enhance staff skills. (PREA Standard 115.334)” Only the applicable requirements for PREA compliance are listed. Specialized Training: Investigating Sexual Abuse in a Confinement Setting Training certificate of completion for 2 staff who completed the PREA investigator training. Interviews Conducted: Investigative staff: An investigator was interviewed and said that they received specialized training specific to conducting sexual abuse and sexual harassment investigations in a confinement setting. The investigator outlined the training topics, which included all the topics required in standards 115.334 and 115.371. Investigator training records/logs of investigative staff were reviewed. Findings: The policy requires investigators to complete PREA, but it does not specify the type of training or when the training is required. Recommend that this information be added to the policy.

	Documentation of the training received: Investigating sexual misconduct: Training for Correctional Investigators that was developed by The Moss Group for NDDOCR in 2011 was reviewed by the auditor. Verification that the investigators completed the PREA training required for standard 115.331, as well as the specialized training that includes 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 collection in confinement settings and substantiating a case for administrative action of rosecution referral. Interview with investigative staff: An investigator was interviewed, and they stated that they received training specific to conducting sexual abuse investigations in confinement settings and provided examples of the training that they received. 115.334(d): Auditor is not required to audit this provision. The auditor finds the agency/facility is in full compliance with PREA Provision §115.334 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted.

115.335	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Documentation reviewed: YCC PAQ reports that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. NDCR Policy 3C-04 states 115.35/115.335 Specialized Training: Medical and Behavioral Health

	Care. b. Juveniles – Refer to Policy 1D-03, Training Requirements and Orientation. Medical and Mental Health DOCR Policy 1D-03 states Medical and Mental Health Care Staff (PREA 115.35). NDYCC shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in the following: a.How to detect and assess signs of sexual abuse and sexual harassment. b.How to preserve physical evidence of sexual abuse. Employees who perform health plan functions must receive the training and retraining necessary to ensure they understand the privacy and confidentiality policy and procedures, the requirements of the privacy rule, and the expectation that they will comply with them. a. Correctional Medical Training Recertification Interviews Conducted: Medical and mental health staff: Four medical and mental health staff interviewed said that they received training to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, report effectively and professionally to juvenile victims, and who to report it to. YCC PAQ reports that 7 medical and mental health care practitioners who work regularly at this facility have received the training Training records verified that medical and mental health care practitioners who work regularly at this facility received specialized training. Findings: Policy: DOCR 3C-04 states, “Medical and Behavioral Health Care. Juveniles – Refer to Policy 1D-03, Training Requirements and Orientation.” DOCR 1D-03 states, “Medical and Mental Health Care Staff (PREA 115.35). NDYCC shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in the following: How to detect and assess signs of sexual abuse and sexual harassment. How to preserve physical evidence of sexual abuse. Employees who perform health functions receive the training and retraining necessary to ensure they understand the privacy and confidentiality policy and procedures, the requirements of the privacy rule, and the expectation that they will

	comply with them. Documents Reviewed: The auditor reviewed the Medical Health Care for Sexual Assault Victims in a Confinement Setting and PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting training. The YCC PAQ reported that all medical and mental health care staff who work regularly at the facility have received the training. Interviews with medical and mental health staff: One medical staff member and two mental health staff members were interviewed and stated they have received specialized training regarding sexual abuse and sexual harassment, and that it covered all required topics, including how to detect and assess signs of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Findings: A review of four training records for medical and mental health staff and PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting confirmed that two medical and two mental health staff had received the specialized training. 115.335(b): This provision is not applicable as forensic medical examinations would be conducted at an outside facility and not by agency staff. 115.335 (c): The agency shall maintain documentation that medical and mental health practitioners have received the training. 115.335 (d): Medical and mental health care practitioners shall also receive the training mandated for employees under 115.331 or for contractors and volunteers under 115.332, depending upon the practitioner's status at the agency. The auditor reviewed the training certification and verified that medical and mental health staff received the training required for all staff under standard 115.331. Interviews: Medical and mental health staff (two medical and two mental health staff) were interviewed and stated they received both the PREA education required in standard 115.331 and the specialized training required in standard 115.335. Training logs of medical and mental health care practitioners were reviewed by the auditor to ensure all medical and mental health practitioners had received this training. Finding:

	Medical and mental health staff were knowledgeable about the PREA standards. They said they receive both the education required in 115.331 and the specialized training. Medical receives the PREA training for medical and mental health staff receive the training for behavioral health. Training staff said in an interview, as well as providing training log documentation and training curriculum, that medical and mental health staff are provided the PREA training that all employees receive, as well as the specialized training developed by NIC for medical and behavioral health. The auditor received training certificates for NIC's PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting and PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting for all 7 staff. Medical and mental health staff were interviewed and stated they received both the PREA education required in standard 115.331 and the specialized training required in standard 115.335. The auditor finds the agency/facility in full compliance with PREA Provision §115.35 based upon analysis of all available evidence, including the documentation provided and interviews conducted.

115.341	**Obtaining information from residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. Documentation reviewed: YCC PAQ reports the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake, and their risk level be reassessed periodically throughout their confinement. YCC PAQ reports 168 residents entered the facility (either through intake or transfer) within the past 12 months, whose length of stay in the facility was 72 hours or more

	and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. DOCR 3C-04 states that the PREA Screening Tool considers prior predatory acts of sexual abuse, prior convictions for violent offenses, and a history of prior institutional violence or sexual abuse, if known to the facility, in assessing offenders for risk of being sexually abusive." The auditor reviewed 13 risk assessments. Interviews: Staff Responsible for Risk Screening: Three staff members were interviewed. They all said they screen residents upon admission to YCC for risk of sexual abuse victimization or sexual abusiveness towards other residents. They said the risk screening is done on the first day of Intake. The information is obtained in interviews with residents, observation, and the referral packet they receive. After the initial assessment, residents are reassessed every three months unless there is an incident that requires them to be reassessed before the three months. Random resident Interviews: Eighteen random residents were interviewed. Most residents recall being asked questions required for the risk assessment. Most say they have been asked these questions since their intake. A couple did not remember if they were asked questions. The audit confirmed that the facility conducts the initial risk assessment within 72 hours of the resident's arrival at the facility. Intake staff use information about each resident's personal history and behavior to make the assessment. The residents are reassessed every three months unless there is an incident or additional information that requires the assessment to be done sooner. The auditor reviewed 13 risk assessments, all of which were completed within 72 hours of their arrival. (b): Such assessments shall be conducted using an objective screening instrument. Documentation Reviewed: YCC PAQ reports that the risk assessment is conducted using an objective screening instrument. The Sexual Victimization and Abusiveness Risk Assessment (SVARA), which is the facility's risk assessment, was reviewed. The SVARA has all the requirements required in provision (c) except for physical disabilities. Also, the different elements, such as mental illness or mental disabilities, intellectual or developmental disabilities, whether the resident was sexually abused or abusive, current changes and offense history, and prior victim or perpetrator of sexual abuse, could be separated into their own category. The more categories a resident has, the higher the indication of being sexually vulnerable or

	sexually aggressive, which would provide staff with information that these individuals require heightened supervision, additional safety precautions, or separation from certain residents. Corrective action is required to ensure that assessing for physical disabilities is added to the SVARA. Corrective Action: The facility added physical disabilities to the SVARA intake form. The facility added it to the SVARA, but hadn't sent it to the auditor for review to determine compliance by the time the interim report was submitted. (c): At a minimum, the agency shall attempt to ascertain information about: (1) Prior sexual victimization or abusiveness; (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. Interviews: Staff Responsible for Risk Screening: The staff responsible for risk screening (conducting the SVARA) said the initial risk screening considers whether the resident is sexually aggressive, small in stature, vulnerable, and other criteria that they would have a safety concern about. They all said that if the resident has prior sexual victimization or sexual abuse indicators, that would be noted in the SVARA. Anything that would put them at risk is identified on the SVARA. (d): This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files. Interviews: Staff Responsible for Risk Screening: The staff responsible for risk screening said that the information is obtained from the referral request sent to the facility, by asking the resident questions, in the interviews with the resident, and the staff's observation. (e): The agency shall implement 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. Interviews: PREA Coordinator: The PC said the SVARA (risk assessment) is available for staff through Elite, electronically. Only certain staff have access to it.

	PREA Compliance Manager: The PCM said the agency outlines who can have access to a resident's risk assessment within the facility in order to protect sensitive information from being exploited. The PCM said referrals are used, and emails are sent out about the individual in Filenet. The SAVARA is done at intake, and then the Case Managers are the only ones who have access to the SVARA. The paper copy is kept in a locked file cabinet. No one else would have access to the risk assessment. Staff Responsible for Risk Screening: Staff who conduct the risk assessment said that the assessment is specific to the cottage (Pine or Brown). Just the people in the cottage can see the risk assessment. Only the staff who conduct the assessment and supervisors have access to the SVARA. Intake staff use the SVARA, security staff, and the deputy director can see it because they need access to it so that the information can be updated. Finding: The facility uses the SVARA to assess a resident for risk of being sexually vulnerable or sexually abusive. The SVARA has the required elements except for physical disabilities. Corrective action is needed to ensure it is added to the risk assessment. Corrective action resolution: The facility updated the risk assessment to include physical disabilities. Additionally, the facility provided recent SVARA's to document that the updated form is being used. This provision is compliant. The auditor finds the agency/facility is in full compliance with PREA Provision §115.341 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted.

115.342	**Placement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. (b) Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care

	clinician. Residents shall also have access to other programs and work opportunities to the extent possible. Documentation reviewed: YCC PAQ reports the agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. NDCR Policy 3C-04 (PREA) Prison Rape Elimination Act of 2003, dated July 31, 2025, states, "115.42/115.342 Use of Screening Information. b. Juveniles – Refer to Policy 4A-01, Admission, Screening, Orientation, and Transfers; Policy 4B-07, Gender Non Conforming Persons. c. Adults in custody and juveniles may not be disciplined for any refusal or nondisclosure during screening regarding gender identity, sexual orientation, intersex condition, disability status, or prior sexual victimization. " Interviews Conducted: PREA Compliance Manager: The PCM said the facility uses information from the SVARA during intake to keep residents safe and free from sexual abuse. They use the juvenile history, whether the resident has a history of aggression towards others, what their current state is, and reassess at least every three months or as needed. Based on the information, they would use the information to assess the residents to determine where they would be housed. An example was provided that if the resident was vulnerable, they would be housed closer to staff, not at the end of the hall. Staff Responsible for Risk Screening: Three staff members responsible for risk screening were interviewed. They said they use risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment. Students would be in specialized housing, which allows for individual showers and other means to keep the residents safe. Juvenile correctional officers would receive an email to keep the resident separated from other residents, ensure visual checks are made, and staff would escort someone identified as sexually abusive to school and other locations to keep them away from sexually vulnerable residents. Staff also said that after being identified as needing specialized housing, an email would be sent to staff notifying them to ensure the resident is kept safe. Also, notify the school so that when the residents are there, they can be kept safe there too. The SVARA is used to make an individualized assessment, and if identified as needing specialized housing, staff ensure the safety of each resident. 115.342(c-g): (c) Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual,

transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

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

(e) Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

(f) A transgender or intersex resident’s own views with respect to his or her own safety shall be given serious consideration.

(g) Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Per the DOJ memo titled "National PREA Standards Alignment with Executive Order 14168” dated December 2, 2025, this auditor is not auditing the following sections: 115.42(c) through (g).

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

Documentation Reviewed:

YCC PAQ reports that no residents were held in isolation in the past 12 months. No residents were held in isolation for the residents' safety.

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

Documentation:

YCC reports that no residents were held in isolation in the past 12 months. The YCC PAQ reports that they do not isolate residents

In interviews with the PC and PCMs said that they do not isolate or neglect sexual abuse victims. No residents were held in isolation in the past 12 months.

The facility uses all information obtained in the SVARA to identify if a resident needs specialized housing and makes housing and program assignments for residents to keep all residents safe and free from sexual abuse.

The auditor finds the agency/facility is in full compliance with PREA Provision

	§115.342 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Documentation reviewed: YCC PAQ reports that the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: • sexual abuse and sexual harassment; • retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND • staff neglect or violation of responsibilities that may have contributed to such incidents. NDCR Policy 3C-04 (PREA), Prison Rape Elimination Act of 2003, dated July 31, 2025, states 115.51/115.351 Adult and Juvenile in Custody Reporting and § 115.53/ 115.353 Adult and Juvenile in Custody Access to Outside Confidential Support Services. YCC: Department Public Website; Refer to the DOCR Coordinated Response Plan; the Memorandum of Understanding between the Department and the North Dakota Highway Patrol; the Memorandum of Understanding between the Division of Juvenile Services and the Dakota Children’s Advocacy Center. The Safety Guide Pamphlet provides information on how residents can report at YCC. There are several different people residents can talkto or send a letter or note to, such as teachers, nurses, counselors, program manager, their attorney or advocate, chaplains or ministers; anonymously through the DCAC phone line, file a grievance, or an adult the resident trusts.

PREA Poster Speak Up and Get Help: States to report to staff, a family member, or a community member, anonymously through a third-party phone line, or file a grievance.

Interviews Conducted:

Random Sample of Staff: The auditor interviewed 15 random staff. Staff were asked how residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment. They said to write, tell staff, use the anonymous Securus phone number, call family, or use a grievance form.

Resident Interview Questionnaire: 18 random residents were interviewed. They said they could report sexual abuse and sexual harassment by calling the anonymous phone line, writing a grievance, telling a staff member or family member, or sending a note

The adult team observed Speak up and Get Help posters on bulletin boards, and instructions on how to call the anonymous Dakota Children's Advocacy Center were by every phone throughout the Pine and Brown cottages.

Findings:

The agency provides multiple ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents by residents being able to tell staff, a family member, filing a grievance, writing a note and anymously by calling the phone line dedicated for receiving sexual abuse and sexual harassment reports from residetns.

Site review observations:
During the site review, the audit team verified that the PREA poster was posted in the Pine and Brown cottages, and it includes reporting options and was consistent throughout the facility. There were a couple of Speak up and Get help posters, and anonymous reporting to the Dakota Children's Advocacy Center was available by every phone in each pod and in both cottages. It was easily seen taped up by the phones. Residents said that was one of the options to use to report sexual abuse and sexual harassment.

The audit team tested the reporting methods via phone during the first day tour in both cottages. The call did not go through. A couple of attempts were made. The PCM immediately worked on the problem. The phones were tested again later in the week, and the call went directly to the DCAC. The auditor spoke with a representative of the DCAC.

The Coordinated Response Plan states PREA REPORTING OPTIONS: The DOCR

	allows adults in custody, juveniles, staff, and citizens to report privately to agency officials about sexual abuse, sexual harassment, and retaliation by other adults in custody, juveniles, staff, volunteers, or contractors. Adults in custody and juveniles can report in the following ways: Verbal reporting to any staff member Third-party reporting Grievance forms Anonymous reporting Written information PREA Lockbox Staff are prohibited from requiring a person who reports verbally to write a written statement of the allegation unless the report is made by a staff person, contractor, or volunteer. The agency provides multiple ways for residents to report sexual abuse, sexual harassment, and retaliation by other residents or staff. In the Coordinated Response Plan, it is unclear what written information means. It would be helpful if an explanation of how residents can write, use third-party reporting, and use anonymous reporting methods. Additionally, the auditor was told by the PCM that YCC no longer has a PREA lockbox. Staff neglect or violation of responsibilities that may have contributed to such incidents is not included in the Coordinated Response Plan. The rest of the provision is included in the Coordinated Response Plan. Corrective action is needed to ensure the ways to report are current and are included in the Coordinated Response Plan. Corrective action resolution: The Coordinated Response Plan was updated with the current reporting methods. The residents can report: 1) Verbal reporting to any staff member 2) Third-party reporting 3) Request forms (go to the Highway Patrol) 4) Grievance forms 5) Internal hotline 6) Anonymous reporting 7) Written information The agency updated the PREA website to the following: Adults in custody and juveniles can report in the following ways for residents to report: -Verbal reporting to any staff member

	- Third-party reporting (Refer below for how to make a report). There is a list of each facility with the PREA compliance manager and warden's contact information and address for the facility, as well as the PREA coordinator's contact information. -Send a letter to the North Dakota Highway Patrol -Submit a grievance form -Internal hotline (701-555-1234 - Toll-free recorded) -Submit an anonymous report (to the North Dakota Highway Patrol) Site review observations: During the site review, the audit team observed the PREA poster in both cottages in the living units, and it includes multiple reporting options. The posters were on a bulletin board, and anonymous reporting was by phone in the cottages. There were posters in the classroom hallway in the administration building. The information about reporting to DACA was on paper and taped to the wall. There was one paper that was difficult to read. When it was printed, there was a white streak through one side, and it was difficult to read the entire sentence as a result. The paper is taped to the wall. Corrective action to ensure the posters are clear, legible, and easy for all residents to read: use larger posters when a poster contains a lot of information, and post them throughout the units and YCC. Also, laminate the reporting options and secure them to the wall. Paper can fade, be torn, or removed. It is recommended that residents add reporting information to the tablets for easy access to the information and numbers. Corrective Action Resolution: The facility added posters and signs in the living units and laminated them. They also added additional posters/signs in the school and sent photographs of them, as well as verified that the posters/signs were laminated. The provision is compliant. When the reporting and emotional support services were updated, the facility changed the posters, laminated them, and posted them. There are posters for reporting and emotional support. Additionally, the safety guide was updated, and it includes ways for residents to report and how to obtain emotional support. The posters and safety guide are also available in Spanish. The facility placed the English and Spanish reporting and emotional support posters throughout the facility, including the housing units, classrooms, and recreation/pool. They sent the auditor photos to show all the locations where the posters are posted. The website was also updated with the current reporting options. The audit team tested the reporting methods via phone. The call made in the Pine Cottage did not go through. The auditor asked a resident to make a call in the Brown Cottage, and it did not go through. The PCM worked on the problem, and later in the week, the auditor was able to make a call to DCAC and speak with a representative

	from the agency. Resident Interview Questionnaire: 13 random residents were interviewed. The majority of the residents could report multiple ways of reporting sexual abuse and sexual harassment. The most frequently heard was by phone or to tell the staff. Random Interview Staff Questions: 12 random staff members were interviewed. All staff were able to communicate at least one method for residents to privately report sexual abuse or sexual harassment, and most knew multiple options, including using the phone, telling staff, and filing a grievance. (b) The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. The auditor reviewed the contract between NDYCC and DCAC. YCC has a contract with the Dakota Children's Advocacy Center (DCAC) for residents to make an anonymous call to them to report sexual abuse and sexual harassment. A resident can call DCAC by following the instructions next to the phone. Staff do not monitor the calls. DCAC does not immediately forward the information they receive back to the facility. The contract with Dakota Children's Advocacy Center and YCC states that each juvenile is to be provided with Securus access that has the capability to make anonymous PREA reports directly to a DCAC phone line. If the anonymous report is deemed a PREA concern, the juvenile shall be transported to the DCAC for a forensic interview; the report shall be documented, and make a collaborative decision on how to move forward with qualified forensic interviewers who are PREA-trained to conduct interviews. Receive and review reports from the youth and the Securus communication. Contact Regional Social Services and the North Dakota Highway Patrol to discuss the report and make a collaborative decision on how to move forward. The PREA Coordinator said the facility does not detain residents solely for civil immigration purposes. Documentation Reviewed: An anonymous reporting option is posted by each phone in both cottages at YCC. It explains how to call the DCAC. The paper states residents can make an anonymous call to the DCAC to report sexual abuse and sexual harassment. Interviews: Interview with a representative at DCAC: The DCAC staff person said residents can

call or write a letter to report sexual abuse and sexual harassment. Upon receiving an allegation of sexual abuse or sexual harassment, they would contact the Department of Human Services and the ND Highway Patrol to determine how to respond to the allegation.

The standard requires the agency/facility to 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, and that can receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. DCAC does not immediately forward the resident's report to YCC. In a conversation with a DCAC representative, the auditor learned that the report was discussed between DCAC, an investigator with the ND Highway Patrol, and the Department of Human Services (DHS) to determine how to proceed with the report.

Generally, an advocacy agency or rape crisis center cannot be used as a method to anonymously report sexual abuse. There is a Frequently Asked Questions page on the PREA Resource Center website that states an advocacy agency is not an appropriate entity to serve as an external reporting entity: 115.351 (b) https://www.prearesourcecenter.org/frequently-asked-questions/are-rape-crisis-centers-or-other-victim-service-providers-appropriate

Additionally, the DCAC does not immediately forward reports of sexual abuse and sexual harassment to agency officials. DCAC will refer the allegation to DHS and the ND Highway Patrol. Corrective action is needed to ensure residents are provided with one way to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency and can receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request.

Corrective action resolution: The North Dakota State Highway Patrol already has a contract with the agency to accept anonymous reports. YCC residents can send a letter to the State Highway Patrol to report sexual abuse or sexual harassment. Once the State Highway Patrol receives the report, they will immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request.

Interviews:

PREA Compliance Manager: The PCM said that residents can use a secure hotline system to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. Another way residents can report it is to ask to use the white phone to call a family member, and then they could report it to a family member.

Resident Interview Questionnaire: The majority of residents said that there was someone not at the facility whom they could report sexual abuse or sexual harassment to. The majority said they could use the phone. When asked if they are allowed to make a report without having to give their name, most said yes, but

there were a few who said no. Most residents said they could use the phone and pointed to the anonymous reporting option.

Finding:

The residents sign and receive the Intake Youth PREA Education, which provides information about reporting to DCAC anonymously. Additionally, the residents receive a PREA Quiz monthly that asks which reporting method can be done anonymously.

115.351(c) Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

Documentation Reviewed:

Coordinated Response Plan: PREA REPORTING OPTIONS - The DOCR allows adults in custody, juveniles, staff, and citizens to report privately to agency officials about sexual abuse, sexual harassment, and retaliation by other adults in custody, juveniles, staff, volunteers, or contractors.

The auditor reviewed the Incident Report Form.

Interviews:

Random Sample of Staff: Of the 15 staff interviewed, the majority of the random staff sampled provided several methods that residents could use to report sexual abuse or sexual harassment. The most cited was using the phone. If they received a verbal report, they would document it in Elite and send it to supervisory staff and/or PCM. Some said they would send it to supervisory staff. When asked how long after they received a verbal report they would document it, they said right away. One staff member said they would ask the resident to write a statement.

Resident Interview Questionnaire: Of the 18 resident interviews, they said they could make a report of sexual abuse or sexual harassment in person or in writing. Several provided examples of who would make a report for them.

The agency has in its coordinated response plan that DOCR allows adults in custody, juveniles, staff, and citizens to report privately to agency officials about sexual abuse, sexual harassment, and retaliation by other adults in custody, juveniles, staff, volunteers, or contractors.

The Coordinated Response Plan prohibits staff from requiring a person who reports verbally to write a written statement of the allegation unless the report is made by a staff person, contractor, or volunteer.

Staff are required to promptly document any verbal reports using the incident report form.

(d) The facility shall provide residents with access to tools necessary to make a written report.

	Interviews: PREA Compliance Manager: The PCM was interviewed and said that residents are provided pencils and pieces of paper, which are available at the staff desk. The residents have to check out pencils because they can't have them in their rooms. They can also fill out a grievance form, which is available on the wall marked "grievances". If staff receive an envelope, they will mail it. Residents who Reported Sexual Abuse: The resident who reported sexual abuse did not respond to this question. The resident did not make a written report. Site Observation: Grievance forms were observed on the wall where residents could get them. Staff said that residents needed to check out a pencil and bring it back because they are not allowed in their room. In interviews, residents said one of the reporting methods was that they could file a grievance. Additionally, the audit team observed a resident checking out a pencil. (e) The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents. Documentation The coordinated response plan states PREA REPORTING OPTIONS - The DOCR allows adults in custody, juveniles, staff, and citizens to report privately to agency officials about sexual abuse, sexual harassment, and retaliation by other adults in custody, juveniles, staff, volunteers, or contractors. Policy 1C-03 states: PREA Reporting - Employees shall report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, within or outside the Department; retaliation against adults in custody, juveniles, or employees who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials, employees may not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. (PREA 115.61/115.361) Be Legendary PREA CIYJJ employee training was reviewed by the auditor. Staff reporting poster on a bulletin board in Brown Cottage. Interviews: Random Sample of Staff: The majority of the random staff said they would privately report sexual abuse and sexual harassment of residents through their chain of command or to a specific staff member, such as the investigator. A couple of staff also said to complete a 960 form. Most staff would report to the chain of command

	or to specific staff. The Coordinated Response Plan states staff can privately report to agency officials. On the bulletin board in Brown Cottage, the auditor saw a poster that states, "All staff must report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against inmates or staff who reported such an incident, and any staff neglect or violation of responsibilities to an incident or retaliation. It provides reporting options for internal and external reporting. There is a way staff may report anonymously in writing. There is a poster posted on how staff can privately report sexual abuse and sexual harassment. The intent of this provision is for staff to be able to report sexual abuse or sexual harassment directly to an investigator, administrator, or other agency entity without the knowledge of the staff member’s direct colleagues or immediate supervisor. A private reporting mechanism, such as the ability to write privately and directly to an investigator or high-level administrator, may provide a level of comfort to staff who are concerned about retaliation, especially where the staff member reports misconduct committed by a colleague. The agency does have a method to do that, but the information wasn't provided by staff when asked about it. The auditor finds the agency/facility is in full compliance with PREA Provision §115.352 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted.

115.352	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse. Documentation reviewed: DOCR Policy 3C-04 Exhaustion of Administrative Remedies Grievance Procedures. Juveniles – Refer to Policy 3C-01, Rights. DOCR Policy 3C-01 states, The following was removed from Policy 3C-4, PREA, and added: PREA allegations may be submitted on a grievance form. However, the DOCR does not use administrative procedures to address juvenile sexual abuse. If an allegation of sexual abuse is submitted on a grievance form, the DOCR shall process it as outlined in the DOCR Coordinated Response Plan. If the grievance includes an element regarding staff conduct, such as failure to protect, it also will continue as a grievance (if the grievance otherwise complies with grievance process requirements)

	Grievance phases: PREA allegations may be submitted on a grievance form. However, the Department does not use administrative procedures to address juvenile sexual abuse. If an allegation of sexual abuse is submitted on a grievance form, the Department shall process it as outlined in the DOCR Coordinated Response Plan. If a grievance includes an element regarding staff conduct, such as failure to protect, it also will continue as a grievance (if the grievance otherwise complies with grievance process requirements). According to the PC, the agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. If a grievance is received that alleges sexual abuse, it would be processed as outlined in the coordinated response plan, which is that it would be sent to be investigated. The agency/facility is exempt from this standard because it does not have an administrative procedure to address resident grievances regarding sexual abuse. Any sexual abuse or sexual harassment grievance that is received is referred for investigation. (b)(1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired. The agency/facility is exempt from this standard because it does not have an administrative procedure to address resident grievances regarding sexual abuse. 115.52 (c) The agency shall ensure that— (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint. The YCC PAQ reported that they have received no grievances in the past 12 months that alleged sexual abuse. The agency/facility is exempt from this standard because it does not have an administrative procedure to address resident grievances regarding sexual abuse. There were no grievances that alleged sexual abuse to review. 115.352 (e)(1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. (2) 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. (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. (4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf. The agency/facility is exempt from this standard because it does not have an administrative procedure to address resident grievances regarding sexual abuse. (f)(1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The agency/facility is exempt from this standard because it does not have an administrative procedure to address resident grievances regarding sexual abuse. (g) The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith. The agency/facility is exempt from this standard because it does not have an administrative procedure to address resident grievances regarding sexual abuse. The auditor finds the agency/facility is in full compliance with PREA Provision §115.352 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted.

115.353	**Resident access to outside confidential support services and legal representation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	a) The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. (b) The facility shall 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. Documentation reviewed: YCC PAQ reports that the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. NDCR Policy 3C-04 (PREA) Prison Rape Elimination Act of 2003, dated July 31, 2025, states 115.53 Facility Resident Access to Outside Confidential Support Services: a. Facility residents are provided with access to outside victim advocates for emotional support services related to sexual abuse through mailing addresses and telephone numbers, including toll-free hotline numbers to the organizations listed below. In the event of sexual abuse, a trained behavioral health staff member will be available to provide support services. The facility shall enable reasonable communication between adults in custody and these organizations and agencies in as confidential a manner as possible. [115.53 (a)-1] b. Staff shall inform facility residents prior to giving them access to outside victim advocates 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. [115.53 (b)-1] [115.53 (b)-2] c. The DOCR maintains or attempts to enter into a memorandum of understanding or other agreements with community service providers able to provide facility residents with confidential emotional support services related to sexual abuse. The DOCR shall maintain copies of these agreements or documentation showing attempts to enter into such agreements. [115.53 (c)-1] [115.53 (c)-2] [115.53 (c)-3] [115.53 (c)-4] YCC PAQ provided a contract with CDAC, which the auditor reviewed. The Safety Guide pamphlet was reviewed by the auditor. Interviews Conducted: Resident Interview Questionnaire: A random sample of 18 residents was interviewed. Some residents interviewed knew they could call on the phone, and they could talk with an advocate. One resident said the call was free and they could

	talk with the advocate any time. Another resident said that using the phone was limited due to being in their room, eating, going to school, or participating in recreation, so they didn't have time to contact the advocate. The residents who knew they could contact an advocate didn't know if the phone calls between an advocate and them were monitored. Residents who Reported a Sexual Abuse: The resident who reported sexual abuse did not want to answer the questions. Site Review Observations: The audit team was told the residents can call DCAC for advocacy services. The contract between the ND YCC and Dakota Children's Advocacy Center (DCAC) (CONTRACTOR) for the purpose of providing advocacy services to residents before and after the forensic interview to provide them support. Policy C3-04 requires that facility residents are provided with access to outside victim advocates for emotional support services related to sexual abuse through mailing addresses and telephone numbers, including toll-free hotline numbers to the organizations listed below. (No organizations are listed.) Finding: YCC has a process in which DCAC advocates would accompany and support the victim resident. These services are provided when a resident reports sexual abuse; a DCAC advocate can provide residents with an advocate before and after the forensic interview to provide support to them. This standard is to 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. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. This is required in the agency policy 3C-04. Corrective action is required to ensure residents have access to outside victim advocates for emotional support related to sexual abuse. The facility will need to provide postings or otherwise make available mailing addresses and telephone numbers, including toll-free hotline numbers, where accessible mailing addresses and telephone numbers, including toll free hotlines numbers where available, of local, State, or national victim advocacy or rape crisis organizations. (c): The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

	The contract with the Dakota Children's Advocacy Center (DCAC) (CONTRACTOR) states, SCOPE OF SERVICE - CONTRACTOR, in exchange for the compensation paid by STATE under this Contract, agrees to provide the following services in relation to the Prison Rape Elimination Act (PREA): Dakota Children’s Advocacy Center shall: Provide advocacy services to the child before and after the forensic interview to provide them support and assess for crisis and safety. (Only applicable services for this standard are included.) There is a contract between the DCAC and YCC/NDDOCR that outlines that DCAC will provide forensic interviews, emotional support before and after a forensic interview, provide a medical exam when needed, and follow up recommendations to the team and send the forensic interview to the regional social services and North Dakota Highway Patrol. Site review observations: There was a poster with information that states, if a resident is being sexually abused or sexually harassed and wants to report, they can report anonymously to the DCAC through the Securus phone. It says to leave a voice message and what information to leave. It says this is an external agency that provides advocacy and support to victims of sexual abuse. Once the message is received by the DCAC, they will determine how they will address the report. The auditor called the phone number listed on the poster by the phone to DCAC. When the auditor called, a member of the DCAC answered the phone. Interviews: Resident Interview Questionnaire- Q: 18 The vast majority of residents did not know if their conversations with advocates would be listened to by someone else. Most did not know anything about victim advocates being available. One resident knew that these conversations wouldn’t be listened to by someone else, and another person said they could go into a private room to talk. Residents who Reported a Sexual Abuse - Q:14 The resident who reported sexual abuse did not want to answer the audit questions. Interviews: Interview with an advocate from the rape crisis center: The auditor was not provided with information to contact an advocate from a rape crisis center. The advocate the YCC uses is with the DCAC, which provides advocates when a resident reports sexual abuse. The auditor interviewed the DCAC staff member by phone. She stated they are available to provide victim advocacy and emotional support services to residents when at the hospital and during interviews if requested. Findings:

	The agency has entered into a contract that provides emotional support during a forensic medical exam and investigations. The contract with the DCAC is current. The facility provides a phone number residents can use to contact the advocacy center to anonymously report sexual abuse and sexual harassment. The calls are not monitored or recorded. However, the calls are only for reporting purposes. DCAC will provide emotional support before and after a forensic interview of a recent sexual abuse incident. This provision requires an agency/facility to provide victims with mailing addresses and phone numbers (including toll-free hotlines where available) for victim advocacy or rape crisis organizations, and enable communication between inmates and victim service providers in “as confidential a manner as possible. Inform residents of the extent to which their communications with victim service providers will be monitored, and the extent to which reports of sexual abuse will be forwarded to authorities, in accordance with mandatory reporting laws; and attempt to enter into agreements with victim service providers to provide residents with confidential sexual abuse support services. The standard requires residents to have access to outside victim advocates for emotional support services related to sexual abuse; it doesn’t have to be related to a recent sexual abuse incident. The residents need to be provided with mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, and national victim advocacy or rape crisis organizations. The facility shall enable reasonable communication between residents and these organizations and agencies in as confidential a manner as possible. Corrective action is needed to ensure the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse and shall enable reasonable communication between residents and these organizations in as confidential a manner as possible. Corrective action resolution: The facility changed the option for residents to write to Just Detention International as well as allow residents to call the Dakota Children's Advocacy Center for emotional support services related to sexual abuse. There are postings, as well as residents receiving education about the services and how to contact the agencies. The call or writing to Just Detention International is confidential. Residents can call the Dakota Children's Advocacy Center by using the phones in the housing units. The calls are not monitored or recorded. The residents can write to Just Detention International by sending a letter. Paper and pencils are available to residents, and they can send a letter by addressing the envelope. They do not have to put their name on the envelope. Additionally, the letter is mailed at no cost to residents. The facility has a contract with Dakota Children's Advocacy Center to provide services for emotional support as well as to provide an advocate for forensic medical exams, investigatory interviews, support, crisis intervention, information, and referrals. The FAQ on what is the difference between the post-incident victim advocacy required in PREA Standard 115.21 and the outside confidential support services required in PREA Standard 115.53 was provided to the facility.

	(d): The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. Documentation Reviewed: DOCR Policy 3C-01 procedures and freedom from discrimination state,5. PROCEDURES: A. Juvenile Access to Courts: 1. Staff shall ensure juveniles have unencumbered access to court. Juveniles may request a court review or set a hearing through their Juvenile Institutional Case Manager or an officer of the court. 2. Staff shall inform a juvenile of the legal resources available but may not offer legal advice regarding the juvenile's case. B. Telephone Communication with Legal Representatives: 1. A juvenile is allowed confidential contact with the legal representative by telephone. a. If the legal representative is not available, a message is left to return the call to the juvenile. b. Telephone calls to legal representatives are limited to avoid unnecessary intrusion upon the legal representatives and staff. If a juvenile indicates that important information must be brought to the prompt attention of the legal counsel, staff shall place a call. If a legal representative has communicated to staff that calls may only be placed during specific time periods, staff shall comply with this schedule. Interviews: Superintendent or Designee: The warden was interviewed and provided information that residents can call their attorney during the daytime when there is open access to use the phone. The residents receive five free calls a week and can get visits. The facility tries to be flexible to accommodate visits. The resident can be contacted through a Zoom meeting with the attorney, parents, or legal guardians. The residents can also meet with attorneys, legal representatives, or parents/legal guardians on weekends. YCC will try to make accommodations at any time any of the attorneys or parents/legal guardians want to contact the residents. The warden said that parents can visit the facility at any time. If the residents want to contact their attorney, parent, or legal guardian, they can contact their case manager to make arrangements for a Zoom meeting. PREA Compliance Manager: The PCM said the residents have five free phone calls a week. The residents can call or write to their attorneys, parents, or legal guardians. The residents have access to call on a secure line or write. The facility provides free stamps. The facility allows reasonable access to their attorneys. The resident can

	put the attorney on their phone call list to call. The only reason a resident wouldn't have access to a parent is if there is a court order not to have contact with the parent. Their parental rights were terminated. Resident Interview Questionnaire: Residents interviewed said that they can see or talk with lawyers or parents. A few residents mentioned that they can talk to them by phone, video, or during a visit. A few mentioned they have a Department of Juvenile Services (DJS) worker whom they can contact. A few residents mentioned they couldn't talk too loudly, as others might hear their conversation on the anonymous phone option. One resident said the calls are recorded and listened to by staff. Residents said they would use the white phone, which requires staff to dial the phone number, but they can go into a room to use it. All residents said the facility allows them to see or talk with their lawyer and can do so privately. They also said the facility allows them to talk with their parents as well as their DJS worker. Residents who Reported a Sexual Abuse: The resident who reported sexual abuse declined to answer any of the questions. The auditor finds the agency/facility is compliant with PREA Provision §115.353 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted

115.354	**Third-party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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. Documentation reviewed: YCC PAQ reports that the agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment, with a response that youth are able to call the CAC via phone. Reporting information on the NDDOCR website: The agency posts how to make a report on behalf of residents on their website at https://www.docr.nd.gov/prison--rape-elimination-act-overview/how-make-report The website has the following information: PREA Reporting Options: The DOCR allows adults in custody, juveniles, staff, and citizens to report privately

	to agency officials about sexual abuse, sexual harassment, and retaliation by other adults in custody, juveniles, staff, volunteers, or contractors. Adults in custody and juveniles can report in the following ways: Verbal reporting to any staff member Third-party reporting Grievance forms Anonymous reporting Written information Note: Only juvenile resident options were listed. The standard requires the agency to 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. There wasn't a method during the pre-audit on how a third party could report sexual abuse and sexual harassment. The auditor reviewed the PREA policy and the agency website. The auditor asked the PC about it and was informed that the information had been removed from the website. The PC said the information should not have been removed, and he will have it added. After the on-site audit, the auditor reviewed the website again, and the method for how a third party could report was added. The website now has PREA contact information by facility for how third parties can report. It states: Family, friends, and citizens may make a report using the contact information below. Each of the facilities is listed with the PCM name, email, and address to contact them. Link to website: https://www.docr.nd.gov/prison-rape-elimination-act-ove-rview/how-make-report Findings: The agency website was reviewed before the on-site audit, and there was no method for how third parties to report sexual abuse and sexual harassment. However, after the on-site audit, the auditor reviewed the website, and it was updated so that third parties such as family, friends, and citizens may make a report by contacting the PC/warden, or PCM by email or in writing. The name, email, and address of the PCM for each facility and PC are listed. It is recommended that the website expand on the statement that family, friends, and citizens may make a report to include the statement, "a report of sexual abuse and sexual harassment on behalf of a resident," using the contact information below. The auditor finds the agency/facility in full compliance with PREA Provision §115.354

	based upon review of the website analysis of all available evidence, including the documentation provided and the site review.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a): The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Documentation Reviewed: YCC PAQ reports the agency requires 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, any retaliation against residents or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. DOCR Policy 1C-0s Rules of Conduct requires PREA Reporting 1.) Employees shall report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, within or outside the Department; retaliation against adults in custody, juveniles, or employees who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials, employees may not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. (PREA 115.61/115.361) Interviews: Random Sample of Staff: Fifteen staff were interviewed and asked if the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff reported that all staff are required to report. The staff was also asked about the agency/facility policy or procedure for reporting any information related to resident sexual abuse. Staff said they would report to a supervisor, the PCM/ investigator, and PC.

	(b): The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws. Documentation Reviewed: YCC PAQ reports that the agency requires all staff to comply with any applicable mandatory child abuse reporting laws. DOCR Policy 1C-03 requires PREA Reporting 1.) Employees shall report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, within or outside the Department; retaliation against adults in custody, juveniles, or employees who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials, employees may not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. (PREA 115.61/115.361) Interviews: Random Sample of Staff: Fifteen staff were asked if they had been trained on the agency's zero-tolerance policy on sexual abuse and sexual harassment. All staff said that they received the training. Staff said they were trained on the agency’s prevention, detection, reporting, and responding requirements. They said they are mandatory reporters. The PC said they are mandatory reports and required to report child abuse, including sexual abuse, to the highway patrol. (c): Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. Documentation Reviewed: YCC PAQ reports that agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. DOCR Policy 1C-03 Rules of Conduct was reviewed. (d): (1) Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws. (2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

DOCR Policy 4E-53 requires, unless otherwise precluded by federal, state, or local law, medical and behavioral health practitioners shall report sexual abuse and inform adults in custody and juveniles of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services. (PREA 115.61/115.361) If the alleged victim is considered a vulnerable adult under a state or local vulnerable persons’ statute, behavioral health or medical staff shall report the allegation to the Department of Human Services under applicable mandatory reporting laws. (PREA 115.61/115.361)

Interviews:

Medical and Mental Health Staff: Four medical and mental health staff were interviewed. They all said that at the initiation of services to a resident, they are required to disclose the limitations of confidentiality and that they are a mandatory reporter. One staff person said they document it in their written record or in an email. They all said they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to designated personnel, such as their supervisor or PCM/investigator, immediately upon learning of it. None of them said they were aware of sexual abuse that they had to report.

There were no mandatory sexual abuse incidents that were reported in the past 12 months. There were no reports for the auditor to review.

(e): (1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. (2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. (3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

Interviews:

PREA Compliance Manager: The PCM said that when the facility receives an allegation of sexual abuse, it is reported to the Highway Patrol. It can also be reported to the victims’ parents or legal guardians unless their rights have been terminated. The PCM said they would know if there was a no-contact order with the victim’s parents or legal guardians, and if that were the case, they would not be notified. Most residents in the Department of Juvenile Services have a youth correctional officer, and the YCC reports the information to them. If the resident doesn’t have a parent, then they report it to the youth correctional officer. They can also report the alleged sexual abuse to the juvenile court office.

Superintendent or Designee: When the facility receives an allegation of sexual abuse, it is reported to the Highway Patrol, parents or guardian, juvenile correctional officer (JCO), or JCO III, and case worker. If the victim is under the guardianship of

	the child welfare system, they report the allegation to the victim’s case worker and to the parent or legal guardian. They report it to both. They make the notification immediately. If the juvenile court retains jurisdiction over the victim, they make the report immediately to the case manager and detention administrators. Documentation reviewed: The auditor reviewed documentation where the parent and placing authority were notified of the sexual abuse incident of a resident. (f): The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. The auditor reviewed four investigations. All reports were sent to an investigator for investigation. Interviews: Superintendent or Designee: The warden said all allegations of sexual abuse, including third-party and anonymous reports, are sent directly to the Highway Patrol for investigation. Sexual harassment cases are referred to the facility investigator for investigation. The auditor finds the agency/facility in full compliance with PREA Provision §115.361 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted.

115.362	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. Documentation Reviewed: YCC PAQ reports. When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the

	resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). The YCC PAQ reported that they have had no incidents in the past 12 months when the agency or facility determined that an inmate was subject to substantial risk of imminent sexual abuse. The Coordinated Response Plan outlines the response for sexual abuse which would occur after a report is received. Interviews: Agency Head: The agency head said that if he learns that a resident is subject to a substantial risk of imminent sexual abuse, he will immediately ensure the victim is safe and stay with the resident to ensure they are somewhere safe. He would be sure not to isolate them as well as ensure they were kept separate from the perpetrator. Superintendent or Designee: The warden was interviewed and said that when staff learns that a resident is subject to a substantial risk of imminent sexual abuse, the aggressor would be placed on confinement status while reviewing the situation and would consider moving the aggressor to another unit. The wardens said that the expectation that staff would respond to protect the residents at risk of substantial risk of imminent sexual abuse would be met immediately. Random Sample of Staff: The responses from random staff were to separate the victim and aggressor, notify security staff or supervisor, and refer it for investigation. A couple of staff members said to notify their supervisor. The majority of staff would notify their supervisor/chain of command, separate anyone involved, and ensure the victim is safe. They also stated this would be done as fast as possible/immediately. The auditor finds the agency/facility in full compliance with PREA Provision §115.362 based on analysis of all available evidence, including the documentation provided, the site review, and interviews conducted.

115.363	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.363: Reporting to other confinement facilities (a) Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify

	the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. (b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. (c) The agency shall document that it has provided such notification. (d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. Documentation reviewed: YCC PAQ reports that the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or the appropriate office of the agency or facility where sexual abuse is alleged to have occurred. YCC PAQ reports that the agency's policy also requires that the head of the facility notify the appropriate investigative agency. In the past 12 months, there haven’t been any allegations that the facility received a report that a resident was abused while confined at another facility. NDCR Policy 3C-04, (PREA) Prison Rape Elimination Act of 2003, dated July 31, 2025, states, § 115.63/115.363 Reporting to Other Confinement Facilities. Refer to the PREA Coordinator Position Guide. a. Upon receiving an allegation that a facility resident was sexually abused while confined at another facility, the warden who received the allegation shall notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred. [115.63 (a)-1] b.Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. [115.63 (b)-1] c. The DOCR shall document using the Risk Management Incident Report form 50508. [115.63 (c)-1] d.The DOCR director or warden who receives such notification shall ensure the allegation is investigated in accordance with this policy. [115.63 (d)-1] Interviews Conducted: Agency Head: The agency head said that if another agency or facility within NDDOCR refers an allegation of sexual abuse or sexual harassment that occurred within one of their facilities, the point of contact would be the PC to begin the investigation into it. If the agency received an allegation that occurred in another agency, the information would be sent to the PC to notify the other agency. He stated that when another agency or facility notifies them of an allegation, he would ensure an investigation is completed, and local law enforcement is contacted, if

	needed. Superintendent or Designee: The warden stated that if an allegation is received from another facility or agency that an incident of sexual abuse or sexual harassment occurred at a NDDOCR facility, they immediately ensure the victim is safe and initiate an investigation. They will contact the ND Highway Patrol if needed. The warden provided an example of a report they received, and they investigated the allegation to the best of their ability. Findings: The YCC PAQ reports that they have received no allegations of sexual abuse from other facilities in the past 12 months. The Agency Head and Warden stated that YCC would do their due diligence and investigate all allegations they receive, regardless of how long ago it happened. The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or the appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The auditor finds the agency/facility is in full compliance with PREA Provision §115.363 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted.

115.364	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

	Documentation reviewed: YCC PAQ reports the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser and include the requirements in provision (a). YCC PAQ reports that in the past 12 months, staff were not notified of a sexual abuse allegation where the collection of physical evidence was required. NDCR Policy 3C-04, (PREA) Prison Rape Elimination Act of 2003, dated July 31, 2025, states, § 115.64/115.364 First Responder Duties. Refer to the DOCR Coordinated Response Plan. Coordinated Response Plan states, First Staff Member to Respond: The first staff member to respond to an allegation of sexual abuse shall complete the following duties in this order: 1) Separate the victim from the perpetrator. 2) Notify the shift supervisor of the alleged incident. 3) Preserve and protect any crime scene until appropriate steps can be taken to collect evidence. 4) If the alleged abuse occurred within the past 96 hours, request that the victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, eating, or drinking. 5) If the alleged abuse occurred within the past 96 hours, staff will ensure that the perpetrator does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating, or drinking. 6) Document actions taken. Interviews Conducted: Security Staff First Responders: One staff member was interviewed who had acted as a first responder and stated they would separate the involved parties, control access to the crime scene, ask the victim, ensure the perpetrator didn't take any actions to destroy evidence, and notify their supervisor. Residents who Reported a Sexual Abuse: There was one sexual abuse allegation, and the resident did not want to answer the questions. (b) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Documentation Reviewed: YCC PAQ reports agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. DOCR Policy 3C-04 states, SEXUAL ABUSE ALLEGATION RESPONSE - First Staff Member to Respond: The first staff member to respond to an allegation of sexual abuse shall complete the following duties in this order: 1) Separate the victim from the perpetrator. 2) Notify the shift supervisor of the alleged incident. 3) Preserve and protect any crime scene until appropriate steps can be taken to collect

	evidence. 4) If the alleged abuse occurred within the past 96 hours, request that the victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, eating, or drinking. 5) If the alleged abuse occurred within the past 96 hours, staff will ensure that the perpetrator does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating, or drinking. 6) Document actions taken The YCC PAQ reported that in the past 12 months, the number of times a non-security staff member was the first responder was zero. However, it states that all staff have the same expectations regarding first response. Interviews: Interview with Security Staff and Non-Security Staff First Responders: One staff member was interviewed who had acted as a first responder and stated they would separate the involved parties, control access to the crime scene, ask the victim, and ensure the perpetrator didn't take any actions to destroy evidence and notify their supervisor. Interviews with random staff: Fifteen random staff from across all shifts were asked what they would do if they were the first person to be alerted that an resident has been the victim of sexual abuse. All but two of the staff stated they would separate the victim and perpetrator to ensure the safety of the victim, ask them not to take any actions to destroy evidence, separate them to ensure safety, notify their chain of command, document it, and a few said report to law enforcement. One staff member said they would report it to their supervisor. The auditor finds the agency/facility in full compliance with PREA Provision §115.361 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted. (a) Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Documentation reviewed: YCC PAQ reports the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was

	sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser and include the requirements in provision (a). YCC PAQ reports that in the past 12 months, staff were not notified of a sexual abuse allegation where the collection of physical evidence was required. NDCR Policy 3C-04 (PREA) Prison Rape Elimination Act of 2003, dated July 31, 2025, states, § 115.64/115.364 First Responder Duties. Refer to the DOCR Coordinated Response Plan. Coordinated Response Plan requires the first staff member to respond: The first staff member to respond to an allegation of sexual abuse shall complete the following duties in this order: 1) Separate the victim from the perpetrator. 2) Notify the shift supervisor of the alleged incident. 3) Preserve and protect any crime scene until appropriate steps can be taken to collect evidence. 4) If the alleged abuse occurred within the past 96 hours, request that the victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, eating, or drinking. 5) If the alleged abuse occurred within the past 96 hours, staff will ensure that the perpetrator does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating, or drinking. 6) Document actions taken. Interviews Conducted: Security Staff First Responders: One staff member was interviewed who had acted as a first responder and stated they would separate the involved parties, control access to the crime scene, ask the victim, ensure the perpetrator didn't take any actions to destroy evidence, and notify their supervisor. Residents who Reported a Sexual Abuse: There was one sexual abuse allegation, and the resident did not want to answer the questions. (b) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Documentation Reviewed: YCC PAQ reports agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. DOCR Policy 3C-04 states, SEXUAL ABUSE ALLEGATION RESPONSE - First Staff Member to Respond: The first staff member to respond to an allegation of sexual abuse shall complete the following duties in this order: 1) Separate the victim from the perpetrator. 2) Notify the shift supervisor of the alleged incident. 3) Preserve and protect any crime scene until appropriate steps can be taken to collect evidence. 4) If the alleged abuse occurred within the past 96 hours, request that the victim not take any action that could destroy physical evidence, including, as

	appropriate, washing, brushing teeth, changing clothes, urinating, defecating, eating, or drinking. 5) If the alleged abuse occurred within the past 96 hours, staff will ensure that the perpetrator does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating, or drinking. 6) Document actions taken The YCC PAQ reported that in the past 12 months, the number of times a non-security staff member was the first responder was zero. However, it states that all staff have the same expectations regarding first response. Interviews: Interview with Security Staff and Non-Security Staff First Responders: One staff member was interviewed who had acted as a first responder and stated they would separate the involved parties, control access to the crime scene, ask the victim, and ensure the perpetrator didn't take any actions to destroy evidence and notify their supervisor. Interviews with random staff: Fifteen random staff from across all shifts were asked what they would do if they were the first person to be alerted that an resident has been the victim of sexual abuse. All but two of the staff stated they would separate the victim and perpetrator to ensure the safety of the victim, ask them not to take any actions to destroy evidence, separate them to ensure safety, notify their chain of command, and document it. One staff member said they would report it to their supervisor. The auditor finds the agency/facility in full compliance with PREA Provision §115.364 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted.

115.365	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Documentation reviewed: YCC PAQ reports the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility

leadership.

NDCR Policy 3C-04 (PREA), Prison Rape Elimination Act of 2003, dated July 31, 2025, states 115.65/115.365 Coordinated Response – Investigations of Sexual Abuse or Sexual Harassment. Refer to the DOCR Coordinated Response Plan.

The Coordinated Response Plan, dated August 1, 2021, was reviewed. It is the agency's written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Interviews Conducted:

The warden was interviewed, and he said they use the NDDOCR PREA Response Plan on how to respond to an incident of sexual abuse. All staff are involved (PC/ Warden, PCM, Mental Health/Medical, and Investigation) to come up with an action plan. The Coordinated Response Plan coordinates actions among staff first responders, medical and mental health practitioners, and investigators.

Findings:

The Coordinated Response Plan was reviewed. It includes all the standard requirements for staff first responders. It includes actions for first responders to take for incidents of sexual abuse. The steps include separating residents from the alleged perpetrator, notifying the chain of command, notifying the health care unit, requesting the victim not take any actions to destroy evidence, isolating witnesses and the crime scene, and notifying law enforcement. It is a response for the agency, not the facility. The standard requires the facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

The Coordinated Response Plan is an agency policy. The standard requires the facility to develop its own written institutional plan to coordinate actions in response to an incident of sexual abuse. Corrective action is needed to ensure the facility develops a written institutional plan to coordinate actions in response to an incident of sexual abuse within the facility.

Corrective action resolution: The YCC coordinated response plan was updated. YCC has its own coordinated action plan and checklist as required by the standard. The YCC coordinated response plan outlines responses to incidents of sexual abuse and sexual harassment among staff first responders, medical and mental health practitioners, investigators/ND State Highway Patrol, and facility leadership. YCC staff were made aware of the facility response plan and updated checklist. The memo notifying staff was provided to the auditor.

The auditor finds the agency/facility is compliant with PREA Provision §115.365 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted.

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. (b) Nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated. Documentation reviewed: YCC PAQ reports that the agency or facility does not have collective bargaining agreements. Memo from PC: The North Dakota Youth Correctional Center does not have collective bargaining agreements. . DOCR Policy 3C-01 states, 115.66/115.366 Preservation of ability to protect facility residents from contact with abusers. Standard § 115.66 does not apply to North Dakota since there are no collective bargaining agreements. North Dakota is a right-to-work state. Interviews Conducted: Interview with Agency Head: The agency head said NDDOCR does not have a collective bargaining agreement. 115.366(b): Auditor is not required to audit this provision. The auditor finds the agency/facility in full compliance with PREA Provision §115.366 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted.

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation. (b) The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Documentation reviewed: YCC PAQ reports the agency has 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. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation NDCR Policy 3C-04, (PREA) Prison Rape Elimination Act of 2003, dated July 31, 2025, states, § 115.67/115.367 Agency Protection Against Retaliation. The department PREA compliance manager at each department facility protects all facility residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other facility residents or staff. Refer to the DOCR Coordinated Response Plan. Interviews Conducted: Agency Head: When asked how the agency/facility protects residents and staff from retaliation for sexual abuse or sexual harassment allegations, the agency head said they do retaliation monitoring. The agency head said they also asked if there is a need to move the abuser. They would protect the victims to reduce their trauma. Superintendent or Designee: The Warden said that the facility completes monitoring to protect residents and staff from retaliation. They would monitor to see if anyone has a complaint or issue. The PCM monitors for retaliation. The PCM completes rounds to monitor the residents and staff. The community case manager also

	communicates regularly with the PCM on any issues or concerns. The PCM goes in regularly to monitor for retaliation. Designated Staff Member Charged with Monitoring: The staff member in charge of monitoring retaliation said he would check in on the victim and witnesses to see how things are going and if changes are needed. Monitoring retaliation also includes protecting the residents and staff from retaliation by checking on their safety, their placement in the living unit, while at school, separating them from the abuser, seeing if the abuser needs to be transferred, review case files to ensure their safety. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse): No residents were in isolation in the past 12 months. There were no residents in segregated housing for risk of sexual victimization/who allege to have suffered sexual abuse to be interviewed. Residents who Reported a Sexual Abuse: The resident who reported a sexual abuse did not want to answer the questions. The auditor reviewed documentation of protective measures taken on the sexual abuse incident that occurred within the past 12 months. (c): For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. YCC PAQ reports that the agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if any changes may suggest possible retaliation by residents or staff. The auditor reviewed four retaliation monitoring logs. Three were for sexual harassment, and one was for sexual abuse. Two logs, including the sexual abuse retaliation monitoring, were thorough. Two logs for sexual harassment, which is not required by the standard, said the retaliation monitoring was initiated, and then when it ceased. There were no follow-ups with the residents, reviews of housing, disciplinary sanctions, etc., to determine if retaliation occurred for two sexual harassment allegations. Since sexual harassment is not required by the standard to receive retaliation monitoring, it is recommended that the staff doing retaliation monitoring to review and document the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation.

	115.367 (d): In the case of residents, such monitoring shall also include periodic status checks. Documents Reviewed DOCR 3C-01 states, § 115.67/115.367 Agency Protection Against Retaliation. The department PREA compliance manager at each department facility protects all facility residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other facility residents or staff. Refer to the DOCR Coordinated Response Plan. Coordinated Response Plan: The PCM is to initiate retaliation monitoring. One of the requirements is for the PCM to review disciplinary reports, housing changes, program changes, changes in privileges, and monthly in-person status checks documented in case notes in ELITE. It requires AGENCY PROTECTION AGAINST RETALIATION, starting the date an allegation is made. The PREA compliance manager is responsible for ensuring all juveniles and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations are protected from retaliation by other juveniles or staff. This responsibility includes an obligation to proactively monitor for retaliation. Monitoring must include the following: • For juveniles: review of disciplinary reports, housing changes, program changes, changes in privileges, and monthly in-person status checks documented in case notes in ELITE. • For employees: review of disciplinary action, performance reviews, and reassignments. If the PREA compliance manager finds indications of retaliation, the PREA compliance manager shall act promptly to remedy any such retaliation. If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility warden and PREA compliance manager shall take appropriate measures to protect that individual against retaliation. Protection measures may include: • Housing changes or transfers for victims or perpetrators; • Voluntary protective custody; • Short-term use of involuntary protective custody (in accordance with process outlined in the Protective Custody section of this plan); • Removal of the perpetrator from contact with the victim; and • Emotional support services for juveniles who experience fear of retaliation. For reports of sexual abuse, the PREA compliance manager will ensure monitoring continues and appropriate protection measures are available for at least 90 days following a report of sexual abuse. This monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. The DOCR’s obligation to monitor

	expires if the DOCR determines that the allegation is unfounded. The YCC PAQ states that there were no incidents of retaliation that occurred in the past 12 months. The YCCC PAQ states the facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. Interviews: Superintendent or Designee: The warden was asked what measures are taken when he suspects retaliation. The warden said that if it were a person who was suspected of retaliation, the youth would be placed in a different housing and possibly receive disciplinary action. If it were a staff member, they would remove them, possibly train them, or discipline them up to termination. Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if none available): The staff charged with monitoring retaliation is the PCM. He would look for things outside the norm when monitoring for retaliation against residents and staff. He would review to see if a resident received disciplinary reports, if there were housing changes, or if a staff member was reassigned. He would look for anything different that occurred. The monitoring of residents and staff who report sexual abuse of a resident or are reported to have suffered sexual abuse would occur for at least 90 days. If there was a concern that potential retaliation might occur, the monitoring would occur indefinitely. (e): If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. Interviews: Agency Head: The agency head said that individuals who cooperate with an investigation express fear of retaliation, and they would make sure that the individual was safe and monitor the individual for retaliation. They would make a plan as a team on how best to monitor the individual to ensure their safety. Superintendent or Designee: The Warden said that the facility completes monitoring to protect residents and staff from retaliation. They would monitor to see if anyone has a complaint or issue. The PCM monitors for retaliation. The PCM completes rounds to monitor the residents and staff. The community case manager also communicates regularly with the PCM on any issues or concerns. The PCM goes in regularly to monitor for retaliation. The auditor reviewed one retaliation monitoring log for a sexual abuse allegation. Contact with the victim or attempts to contact the victim were documented. The victim was monitored for 90 days. 115.67(f): Auditor is not required to audit this provision. The auditor finds the agency/facility in full compliance with PREA Provision §115.367

	based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342. Documentation reviewed: The YCC PAQ reports that the facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. DOCR Coordinated Response Plan states, INVOLUNTARY PROTECTIVE CUSTODY - Juveniles at high-risk for sexual victimization may not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made there is no available alternative means of separation from likely abusers. If an assessment cannot be completed immediately, the juvenile may be held in involuntary segregated housing for less than 24 hours while assigned staff completes the assessment. If an involuntary segregated housing assignment is made, the case manager shall clearly document in ELITE the basis for the concern for the person's safety and the reason why no alternative means of separation can be arranged. Juveniles placed in involuntary segregated housing for this purpose shall have access to normal programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document any opportunities that have been limited, the duration of the limitation, and the reasons for any limitations. Juveniles may only be assigned to involuntary segregated housing until an alternative means of separation from likely abusers can be arranged. The assignment may not ordinarily exceed a period of 30 days. Efforts must be made to keep the victim in the victim's normal housing unit to prevent re-traumatization. Every 30 days thereafter, facility staff shall afford each resident a review to determine whether there is a continuing need for separation from the general population. The YCC PAQ states there were no residents who are alleged to have suffered sexual abuse and who were placed in isolation who have been denied daily access to large

	muscle exercise, and/or legally required education or special education services in the past 12 months. The YCC PAQ states there were no residents who were alleged to have suffered sexual abuse who were held in isolation to protect them from sexual victimization in the past 12 months. Interviews Conducted: Superintendent or Designee: The warden said the resident victim is never isolated. They may isolate the aggressor during the investigation if needed. He said there would never be a reason the victim resident would be isolated. Staff who Supervise Residents in Isolation: A staff member was interviewed who would supervise residents in isolation. He said residents are separated but not punished. They would not restrict the victim's residence. They would separate the aggressor but not the victim. They would make sure the victim feels comfortable. When asked how long residents are placed in involuntary isolation, the response was that it never happens. Victims of sexual abuse and sexual harassment can receive victims for medical and mental health practitioners. Residents can be assigned to their room for inappropriate behavior if they were to assault someone. The victim of sexual abuse would not be isolated. Medical and Mental Health Staff: Four medical and mental health practitioners were interviewed, and they all said that victims would receive medical or mental health care from clinicians. Residents are only isolated in their rooms for assaultive behavior. The victim would not be placed in isolation. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse): There were no residents at risk of sexual victimization or who alleged to have suffered sexual abuse that were placed in isolation. Site Review Observations While on site, the audit team saw a couple of residents in their room or a room with a camera, but they were in there due to assault or self-harming behavior. None were there for reporting sexual abuse or sexual harassment. The audit team also observed staff conducting frequent room checks and documenting the checks for residents confined in their rooms, although not victims of sexual abuse. Findings: There were no residents in segregated housing for risk of sexual victimization, or who have been alleged to have suffered sexual abuse, so no targeted interviews were able to be completed for this category. Site observation and interviews with staff support that the facility does not place residents who report sexual abuse or sexual harassment in isolation. They may place the aggressor in isolation.

	The auditor finds the agency/facility in full compliance with PREA Provision §115.368 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a): When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. (b): Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334. Documentation Reviewed: YCC PAQ reports that the agency/facility has a policy related to criminal and administrative agency investigations. DOCR Policy 3C-04 requires § 115.71/115.371 Criminal/Administrative Agency Investigations. Refer to the DOCR Coordinated Response Plan; Policy 1A-27, Criminal Investigations, Intelligence, and Alleged Delinquencies; Policy 1A-09, Professional Standards Investigations; Policy 3A-12, Preservation of Physical Evidence; N.D.C.C. § 12-59-20, Probation and parole officers as peace officers; N.D.C.C. § 39-03-09, Powers of highway patrol. Coordinated Response Plan- The DOCR is responsible for ensuring an administrative investigation is completed for all allegations of sexual abuse and/or harassment that occur within a DOCR facility. If the act is potentially criminal, the DOCR shall ensure the completion of a criminal investigation in addition to an administrative investigation. DOCR facilities shall use this procedure as a plan to coordinate the investigation into an allegation of sexual abuse or sexual harassment

	DOCR Policy 1A-27 Criminal Investigations, Intelligence, and Alleged Delinquencies states Ethical Standards: Criminal intelligence and investigation operations require recognition of the rights of individuals. Department employees involved in criminal intelligence and investigation operations shall adhere to the following ethical standards: 1. Department investigators shall conduct investigations fairly, impartially, and as discreetly as possible in order not to violate the rights of any person under investigation. Investigators shall make reasonable efforts to contact victims and witnesses promptly upon being assigned a case. Investigations Reviewed: Four investigation files for one sexual abuse and three sexual harassment allegations were reviewed. The investigations were not prompt, but were thorough and objective. The investigations started within one to two days of the incident being reported. They were thorough and objective. Separating sections for physical and testimonial evidence, credibility assessments, and investigative facts and findings would ensure investigations are thorough, objective, and based on all available evidence, not just an overview, background, and investigative details. Two investigators were trained to conduct investigations at YCC. The PC and PCM. Both received special training in sexual abuse investigations to conduct sexual abuse investigations in confinement settings. Complies with standard 115.334. Interviews Conducted: Investigative staff: An interview with the YCC investigator stated that an investigation is initiated within 24 hours following an allegation of sexual abuse or sexual harassment. The agency makes contact with an investigator or law enforcement and has it investigated that same day. If an anonymous or third-party report is received, it is investigated to see if they can confirm the allegation by video or obtain statements when possible. They start by looking at any video to see if the allegation can be confirmed, and the video may help with questioning of residents and/or staff. Summary: Four investigative allegations of sexual abuse and sexual harassment were received in the past 12 months. Three were for sexual harassment, and one was for sexual abuse. After review of the allegations, it was determined that the investigations were prompt, thorough, and objective. (b): Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334. Interviews:

	Interviews with investigative staff: The investigator who conducts administrative investigations at YCC was interviewed and received specialized sexual abuse and sexual harassment investigations in confinement setting training, and was able to describe the topics covered in the training. The investigator stated he received training, including techniques for interviewing juvenile sexual abuse victims, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecution referral, as well as Miranda and Garrity warnings, but the Highway Patrol would conduct any criminal investigations. He would only conduct administrative investigations. (c): Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. Interviews: Investigative Staff: The investigator said the first step in initiating an investigation would be to immediately separate the individuals, write first responder reports, gather information from the camera, and then preserve it. To collect direct and circumstantial evidence for gathering evidence for incidents of sexual abuse, the investigator said that the video and articles of clothing would be put into evidence. He would also obtain statements from the victim, witnesses, staff, and perpetrator, collect evidence, and, if appropriate, request the victim submit to a forensic medical exam. (d): The agency shall not terminate an investigation solely because the source of the allegation recants the allegation. Documentation Reviewed: The YCC PAQ reports that the agency does not terminate an investigation solely because the source of the allegation recants the allegation. The Coordinated Response Plan states that the DOCR may not terminate the investigation based on the discharge or termination of employment of the perpetrator or victim. The auditor was not provided with anything to document compliance, and the agency is required to continue with the investigation if the source of the allegation recants the allegation. Interviews: Investigative Staff: The investigator was asked if an investigation terminates if the source of the allegation recants his/her allegation. The investigator said the investigation continues until law enforcement says it is done.

	(e): When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Interviews: Investigative Staff: The Investigator said that the ND Highway Patrol would consult with the prosecutor before conducting compelled interviews. As an administrative investigator, he would not contact prosecutors or conduct compelled interviews; only the criminal investigator, the ND Highway Patrol, would do that. (f): The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Interviews: Investigative Staff: The investigator said that he takes everything as credible until proven otherwise. His job is to confirm allegations or prove if someone is lying, not to judge the credibility of an alleged victim, suspect, or witness. The investigator would not require a resident who alleges sexual abuse to submit to a polygraph or truth-telling device as a condition for proceeding with an investigation. Residents who Reported Sexual Abuse: The resident who reported sexual abuse declined to answer this question. (g): Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Interviews: Investigative Staff: The investigator said that when determining whether staff actions or failures to act contributed to sexual abuse, he reviews video footage. In interviews with staff and residents, or other information, it is used to see if staff actions or failure to perform their duties contributed to sexual abuse. The investigator said he documents it in written reports and includes emails, staff/ resident interviews, video evidence, and any correspondence in the investigation. Record Storage: According to the PCM, hard copies of investigations are scanned and sent to the Admin Assistant, who places them in their electronic database. Hard copies are kept in the Unit Manager's office pending a yearly file audit, and then the hard copies are shredded. There are several staff who have access to the electronic database, and

there are varying degrees of access based on their role.

Due to the sensitive nature of sexual abuse and sexual harassment reports and investigations, only a small, limited number of staff should have access to the investigations. The PREA Compliance Manager did limit access to ensure cross-gender viewing of residents in a state of undress was limited to a need-to-know basis.

(h): Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Interviews:

Investigative Staff: The investigator said that criminal investigations are documented by the ND Highway Patrol in written reports/investigations. They investigate criminal allegations.

i): Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

Documentation Reviewed:

The YCC PAQ states that Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

The YCC states there were no substantiated criminal allegations that were referred for prosecution since the last audit. However, after talking with YCC staff, the auditor was informed that the sexual abuse allegation was referred to the ND Highway Patrol for investigation.

One of the sexual harassment reports was also referred to the ND Highway Patrol, but they declined to investigate it and referred it back to the facility for an administrative investigation.

All reported incidents of sexual abuse and sexual harassment were investigated, and the auditor reviewed all four.

Interviews:

Investigative Staff: The administrative investigator said that cases are referred to the State Highway Patrol and that the agency would refer the case for prosecution.

One case was referred for prosecution in the past 12 months. The ND Highway Patrol referred the case to the State’s Attorney’s Office for review and referral. The case is currently under litigation.

(j): The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

	Document Reviewed: The YCC PAQ states the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The Coordinated Response Plan states, Investigative Documents and Evidence Retention: The DOCR shall retain all administrative and criminal written reports referenced for as long as the perpetrator is incarcerated or employed by the agency, plus five years or, for sexually dangerous individuals, for twenty-five years, in accordance with NDCC Section 25-03.3-04 (k): The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. Interviews: Investigative Staff: The investigator said that law enforcement is contacted when a staff member is alleged to have committed sexual abuse or sexual harassment on a resident. If the staff member terminates their employment prior to the investigation being completed, the facility and /or law enforcement will still continue with the investigation. 115.371(l): The auditor is not required to audit this provision. (m): When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. Interviews: Superintendent: The Highway Patrol investigates allegations of sexual abuse. The warden/PREA Coordinator said the PREA Compliance Manager keeps in contact with the state highway patrol to remain informed of the progress of the investigation. PREA Compliance Manager: The PCM said they remain informed about cases conducted by the Highway Patrol by staying in contact with them. Investigative Staff: The administrative investigator, who is the PCM, said that when the state highway patrol conducts a sexual abuse allegation, they provide assistance and provide whatever the law enforcement agency needs. Findings: The auditor reviewed all administrative and criminal investigations. There was one sexual abuse allegation that was referred to the Highway Patrol for investigation. The criminal case was referred recently for prosecution. Due to the sensitive nature of sexual abuse and sexual harassment reports and investigations, only a small, limited number of staff have access to the

	investigations. Additionally, agency policy states they may not terminate an investigation based on the discharge or termination of employment of the perpetrator or victim. The investigation said the investigation continues until law enforcement says it is done. The auditor also interviewed the ND State Highway Patrol staff who conduct the criminal investigations. The auditor finds the agency/facility is compliant with PREA Provision §115.371 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted.

115.372	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a) The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Documentation reviewed: YCC PAQ reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. Coordinated Response Plan states under FINAL DETERMINATION: For each allegation investigated under PREA, the PREA investigator shall make a final determination on whether the allegation is substantiated, unsubstantiated, or unfounded. The allegation will be considered substantiated if a preponderance (more than 50 percent) of the credible evidence supports this finding. If the investigation produced insufficient evidence to make a final determination as to whether the incident occurred, it will be considered unsubstantiated. If the investigation determines that the incident did not occur, the allegation will be considered unfounded. If the investigation reveals a resident made a false allegation in bad faith, disciplinary action may be imposed. DOCR Policy 3C-04 states § 115.72115.272 Evidentiary standard for administrative investigations. Refer to DOCR Coordinated Response Plan. Interviews Conducted: Investigative Staff: The investigator said that a preponderance of evidence is required to substantiate allegations of sexual abuse or sexual harassment.

	Finding: Administrative findings are based on a preponderance of the evidence. There were four investigations in the past 12 months. Three were found to be unsubstantiated for sexual harassment, and one was found to be substantiated for sexual abuse. Those determined to be unsubstantiated were primarily due to no corroborating evidence; there was no physical evidence, no witnesses, or video evidence available to support the finding of unsubstantiated. The auditor finds the agency/facility in full compliance with PREA Provision §115.372 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted.

115.373	**Reporting to residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a): Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Documentation reviewed: YCC PAQ states the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. Coordinated Response plan states POST INVESTIGATION REQUIREMENTS Following an investigation, the PREA investigator or a staff member designated by the PREA investigator will inform the victim verbally whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The investigator or designated representative will deliver in person the Notice of Prison Rape Elimination Act (PREA) Investigation Status, which will require a signature of the victim. If the victim refuses to sign the findings form, the investigator or designated representative will document the refusal and have a staff member witness and sign the refusal. If the resident is released from custody, the DOCR’s obligation to complete the notifications is terminated. If the investigation is conducted by the North Dakota Highway Patrol or another external investigative entity, the DOCR investigator shall request the relevant information in order to complete the Notice of Prison Rape Elimination Act (PREA) Investigation Status form. After the initial notification, if the

	DOCR learns of additional information, such as the perpetrator being criminally charged or convicted, another notification utilizing the Notice of Prison Rape Elimination Act (PREA) Investigation Status shall be completed. DOCR Policy 3C-04 states § 115.73/115.373 Reporting to Adults and Juveniles in Custody. Refer to the DOCR Coordinated Response Plan. The YCC PAQ states there has been one criminal and/or administrative investigation of sexual abuse in the past 12 months. The resident was notified in writing of the results of the investigation. Interviews: Superintendent or Designee: The warden said the resident who makes an allegation of sexual abuse is notified of the decision once it has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The residents are provided with the information in writing and are required to sign it when they are notified. Investigative Staff: The investigator said that he is aware that when a resident makes an allegation of sexual abuse, they must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The investigator said that the documented information the resident is given that day or the next day or within a reasonable time, one to two days. (b): If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident. Documentation Reviewed: The YCC PAQ states that an outside entity (Highway Patrol) conducts criminal investigations, and the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. The YCC PAQ states there was one allegation of sexual abuse completed by an outside agency in the past 12-month period. Summary: The facility requested a copy of the investigation conducted by the ND Highway Patrol and notified the resident of the findings of the investigation. (c): Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

	(4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Documentation Reviewed: The YCC PAQ states, following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: • The staff member is no longer posted within the resident's unit; • The staff member is no longer employed at the facility; • The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The YCC PAQ states there has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months. Interviews: Resident who Reported a Sexual Abuse: The resident who reported sexual abuse declined to answer the question. (d): Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Documentation Reviewed: The YCC PAQ states that the agency provides information to the alleged victim following a resident's allegation that he or she has been sexually abused by another resident in an agency facility whenever: • The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PAQ states the agency will provide victims with follow-up information when the agency learns that an alleged abuser has been indicted on charges related to sexual abuse within the facility, or has been convicted on a charge related to sexual abuse within the facility. However, there is no documentation to demonstrate compliance, nor were policy requirements provided. Coordinated Response Plan states, POST INVESTIGATION REQUIREMENTS: Following an investigation, the PREA investigator or a staff member designated by the PREA

	investigator will inform the victim verbally whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The investigator or designated representative will deliver in person the Notice of Prison Rape Elimination Act (PREA) Investigation Status, which will require a signature from the victim. If the victim refuses to sign the findings form, the investigator or designated representative will document the refusal and have a staff member witness and sign the refusal. If the resident is released from custody, the DOCR's obligation to complete the notifications is terminated. If the investigation is conducted by the North Dakota Highway Patrol or another external investigative entity, the DOCR investigator shall request the relevant information in order to complete the Notice of Prison Rape Elimination Act (PREA) Investigation Status form. After the initial notification, if the DOCR learns of additional information, such as the perpetrator being criminally charged or convicted, another notification utilizing the Notice of Prison Rape Elimination Act (PREA) Investigation Status shall be completed. The resident who reported sexual abuse who was still at YCC was informed of the outcome of the investigation. Interviews: Resident who Reported a Sexual Abuse: The resident declined to answer the question. In an interview with the PREA compliance manager, he said that following a resident's allegation that he or she has been sexually abused by another resident, he would inform the victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The auditor finds the agency/facility is compliant with PREA Provision §115.373 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

	Documentation reviewed: YCC PAQ reports that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Employee Handbook for this substandard states: O. Engaging in any conduct that violates local, state, or federal law, or applicable standards of conduct. S. Abusive or threatening language, abusive behavior to any supervisor, employee, member of the public, or adult or juvenile offender. T. Vulgar or profane language to any supervisor, employee, member of the public, or adult or juvenile offender. U. Violations of the DOCR Value Statement or Code of Ethics. DOCR Policy 3C-04, (PREA) Prison Rape Elimination Act of 2003, Dated July 31, 2025, states: Discipline. 1. § 115.76/115.376 Disciplinary Sanctions for Department Staff. Refer to the ND DOCR Employee Handbook; Policy 1C-22, Employee Terminations and Early Retirement; Policy 1A-09, Professional Standards Investigations. Employee Handbook, Introduction: Violation of any DOCR policy or provision of this handbook may be grounds for disciplinary action, up to and including termination of employment. The employee handbook states that the following is a listing of general work rules for all divisions within DOCR. The work rules and corrective actions indicated below are not intended to be an all-inclusive list. Therefore, other acts, which violate the normal operating procedures for the divisions, could result in disciplinary action. The divisions within the DOCR, because of the diversity of work performed, may have additional work rules and/or corrective actions. The divisions will inform employees of these rules. Prohibited actions include, but are not limited to: Engaging in any conduct that violates local, state, or federal law, or applicable standards of conduct. DOCR Policy 1C-22, Employee Terminations and Early Retirement states, Involuntary Separation, includes Reduction in Force: Involuntary termination is the most severe disciplinary action and is intended as a final action. This level of discipline will normally be taken when previous disciplinary actions have been ineffective. Termination from employment may be used earlier in the disciplinary process when it necessary and consistent with the serious nature of the performance or behavioral infraction. Termination from employment action requires the supervisor to carry out a pre-action process. DOCR Policy 1C-8, Sexual Harassment, Hostile Work Environment, Workplace Threats and Violence, section 4. POLICY: The department prohibits all forms of harassment, including sexual harassment. Harassment may include any activity that creates fear, intimidates, ostracizes, psychologically or physically threatens, embarrasses, ridicules, or in some other way unreasonably overburdens or precludes an employee from reasonably performing the employee’s work. Employees of the department, agents of the department, contractors and vendors

	working for the department who violate this policy will be subject to disciplinary action up to and including dismissal and termination of services. Policies DOCR 1C-08, 3C-04, 1A-09, and the employee handbook outline the investigative process and disciplinary sanctions for violations of DOCR policies relating to sexual abuse or sexual harassment. (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Documentation Reviewed: The YCC PAQ reports that in the past 12 months, there have been no staff from the facility who have violated agency sexual abuse or sexual harassment policies or who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. DOCR 1C-08 states the department prohibits all forms of harassment, including sexual harassment. Harassment may include any activity that creates fear, intimidates, ostracizes, psychologically or physically threatens, embarrasses, ridicules, or in some other way unreasonably over burdens or precludes an employee from reasonably performing the employee's work. Employees of the department, agents of the department, contractors and vendors working for the department who violate this policy will be subject to disciplinary action up to and including dismissal and termination of services. The YCC PAQ reports that in the past 12 months, there have been no staff from the facility who have been disciplined or terminated for violation of agency sexual abuse or sexual harassment policies or for engaging in sexual abuse. As no staff were reported to have violated agency sexual abuse or sexual harassment policies in the last 12 months, there were no records to review. The investigations were reviewed, and none involved staff suspects. (c): Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Documents Reviewed: The YCC PAQ states that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. As no staff were reported to have violated agency sexual abuse or sexual

	harassment policies in the last 12 months, there were no records to review. The investigations reviewed from the past 12 months did not involve staff. DOCR Policy 1A-09, Professional Standards Investigations. Policy Statement: The DOCR will have a system procedure in place for the receipt, investigation, and timely response and determination of complaints received by the agency from any person or employee. Professional Standards Investigation: A formal investigation authorized by the department director for the alleged misconduct of a department employee. DOCR Policy 1C-22 Employee Terminations and Early Retirement: PROCEDURES: A. Involuntary Separation, includes Reduction in Force: 1. Involuntary termination is the most severe disciplinary action and is intended as a final action. This level of discipline will normally be taken when previous disciplinary actions have been ineffective. Termination from employment may be used earlier in the disciplinary process when it is necessary and consistent with the serious nature of the performance or behavioral infraction. Termination from employment action requires the supervisor to carry out a pre-action process. DOCR Policy 1C-04 states, PROCEDURES: Failure to abide by the conditions and standards set forth in the Department's code of ethical responsibility is a violation of the code of conduct and may result in disciplinary action up to and including termination of employment. DOCR 1C-08 states the department prohibits all forms of harassment, including sexual harassment. Harassment may include any activity that creates fear, intimidates, ostracizes, psychologically or physically threatens, embarrasses, ridicules, or in some other way unreasonably over burdens or precludes an employee from reasonably performing the employee's work. Employees of the department, agents of the department, contractors and vendors working for the department who violate this policy will be subject to disciplinary action up to and including dismissal and termination of services. The YCC PAQ reports that in the past 12 months, there have been no staff from the facility who have been disciplined or terminated for violation of agency sexual abuse or sexual harassment policies or for engaging in sexual abuse. As no staff were reported to have violated agency sexual abuse or sexual harassment policies in the last 12 months, there were no records to review. The investigations were reviewed, and none involved staff suspects. (d): All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Documentation Reviewed:

	The YCC PAQ reports that 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The YCC PAQ reports that in the past 12 months, there have been no staff from the facility who have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies. DOCR Policy 3C-04 states that all terminations for violations of DOCR sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The auditor finds the agency/facility in full compliance with PREA Provision §115.376 based upon analysis of all available evidence, including the documentation provided. .

115.377	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a): Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Documentation Reviewed: YCC PAQ reports agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. YCC PAQ reports that agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents or reported to law enforcement for engaging in sexual abuse of residents. There was no documentation of referrals to law enforcement and/or relevant

	licensing bodies, or Investigative reports to review, since there were no reported incidents of this type. b): The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Documentation Reviewed: YCC PAQ reports the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Interviews: Superintendent: The warden said that in the case of any violation of agency sexual abuse or sexual harsment polices by a contractor or volunteer, the facility immediately prohibits further contact with the resident. They would not take remedial measures. Any contractor or volunteer who engages in sexual abuse would be prohibited from contact with residents and reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The auditor finds the agency/facility in full compliance with PREA Provision §115.377 based upon analysis of all available evidence, including the documentation provided and interviews conducted.

115.378	**Interventions and disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Documentation reviewed: YCC PAQ reports residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. In the past 12 months, there has been one administrative finding of resident-on-resident sexual abuse that has occurred at the facility. There was one criminal finding of guilt for resident-on-resident sexual abuse that had occurred at the facility. The YCC PAQ provided one sheet of the Juvenile Offense Codes that identified

	Offense Against Bodily Security 1. Inappropriate sexual behavior. NDCR Policy 3C-04 (PREA), Prison Rape Elimination Act of 2003, dated July 31, 2025, states § 115.78/115.378 Disciplinary Sanctions for Adults and Juveniles in Custody. Juveniles – Refer to Policy 3C-02, Handbook Rules of Conduct, Resolution of Rule Violations, Criminal Violations, and North Dakota Youth Correctional Center Juvenile Offense Codes. (b): Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. (c): The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Documentation Reviewed: DOCR Policy 3C-02 Handbook Rules of Conduct, Resolution of Rules Violations, Criminal Violations, and North Dakota Youth Correctional Center Juvenile Offense Codes. YCC PAQ states that in the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. However, the facility is not allowed to use isolation as a sanction. However, when residents are in their rooms for safety, this applies. DOCR Policy 3C-02 Handbook Rules of Conduct, Resolution of Rule Violations, Criminal Violations: Room Confinement. 1. Juveniles will not be placed on Room Confinement for punitive reasons. 2. Juveniles may be placed in room confinement when: a. They pose a threat to themselves or to others. b. Their behavior disrupts the order of the cottage. c. The juvenile is actively destroying property. The YCC PAQ reports that in the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician, and they have

	access to other programs and work opportunities to the extent possible. Ther haven't been any residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse in the past 12 months. Interviews: The warden said that residents subject to disciplinary sanctions following an administrative or criminal finding that a resident engaged in resident -on-resident sexual abuse sanctions are individualized. The sanctions are behavior-based and used as a benchmark. The sanctions would include behavior reports, behavior plans, treatment plans, and security plans. A resident's mental disability or mental illness is considered when determining sanctions. YCC does not use isolation as a disciplinary sanction. As there were no residents who were placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse in the last 12 months, there were no records to review. (d): If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition of access to general programming or education. Document Reviewed: The YCC PAQ states that the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. It considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions. Interviews: Medical and Mental Health Staff: In interviews with mental health and medical staff, therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse are focused on trauma. They can receive treatment through a contractor, Pathway, which is skill-based to address problematic sexual behavior. Residents are not required to participate as a condition of access to any rewards-based behavior management system or as part of their programming or education. (e): The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Document Reviewed:

	The YCC PAQ states the agency disciplines residents for sexual conduct with staff only upon finding that the staff members did not consent to such contact. The Juvenile Offense Code includes Offense Against Bodily Security for Inappropriate sexual behavior. Interviews: The PC and PCM said that there have not been any disciplinary actions against residents for sexual conduct with staff. There has not been any such incident in the past 12 months. (f): For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Documents Reviewed: The YCC PAQ states the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. DOCR Policy 3C-04 (PREA) Prison Rape Elimination Act of 2003 revised, July 31, 2025 states, 115.78/115.378 Disciplinary Sanctions for Facility Residents. a. In the event a disciplinary sanction for facility resident-on-facility resident sexual abuse results in the isolation of a facility resident, the facility policy requires that facility residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for facility resident-on-facility resident sexual abuse results in the isolation of a facility resident, facility residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for facility resident-on-facility resident sexual abuse results in the isolation of a facility resident, facility residents in isolation have access to other programs and work opportunities to the extent possible. b. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred may not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. c. If the agency prohibits all sexual activity between facility residents and disciplines facility residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. e. Juveniles – Refer to Policy 3C-02, Handbook Rules of Conduct, Resolution of Rule Violations, Criminal Violations, and North Dakota Youth Correctional Center Juvenile Offense Codes.

	(g): An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. Documents reviewed: The YCC PAQ reports that the agency prohibits all sexual activity between residents. “Safety Guide: Sexual activity between youth in residential or correctional facilities is prohibited and in most cases is against the law.” The guide also states, “Abusive behaviors are criminal acts and will be investigated and prosecuted when possible. This includes sexual behavior.” The YCC PAQ states that the agency prohibits all sexual activity between residents and disciplines residents for such activity, and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. DOCR Policy 3C-02 Handbook Rules of Conduct, Resolution of Rules Violation, Criminal Violations was included in the YCC PAQ. It does not contain information prohibiting all sexual activity between residents and may discipline residents for such activity. Finding: The auditor finds the agency/facility in full compliance with PREA Provision §115.378 based upon analysis of all available evidence, including the documentation provided and interviews conducted.

115.381	**Medical and mental health screenings; history of sexual abuse**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a): If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Documents reviewed: The YCC PAQ reports that residents who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. DOCR Policy 4F-10 Juvenile Mental Health Program dated February 17, 2023, states, C. Mental health services offered to victims and perpetrators of sexual abuse:

	1. If juveniles indicate they have been a victim or perpetrator of sexual abuse upon review of the Sexual Victimization and Abusiveness Risk Assessment, the Juvenile Services Program Director shall offer them mental health services and make the appropriate referral when services are desired by the juveniles. 2. Staff shall schedule a meeting with the Mental Health professional within 14 days. (PREA 115.381) 3. If a juvenile on detention status is discharged before meeting with a Mental Health professional, staff shall make a referral to the juvenile court. The YCC PAQ reports that follow-up meetings were offered within 14 days of the intake screening. 23 residents disclosed prior victimization during screening, who were offered a follow-up meeting with a medical or mental health practitioner. In interviews with medical and mental health staff, they say they document the meeting. The auditor reviewed a sample of residents who disclosed prior sexual victimization and met with medical or mental health practitioners within 14 days. Interviews: Residents who Disclose Sexual Victimization at Risk Screening: Four residents who experienced prior sexual victimization were interviewed. All said they were offered the opportunity to meet with medical or mental health practitioners, but one resident said they did not want to meet with a medical or mental health practitioner. Staff Responsible for Risk Screening: Three staff members were interviewed who screen for risk of victimization. All said they offer a follow-up meeting with a medical and/or mental health practitioner to those residents who disclose prior sexual victimization, whether in an institutional setting or in the community. They said they will notify medical and mental health right away, and the meetings will occur as soon as possible, or generally within 72 hours. (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, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Documentation reviewed: YCC PAQ reports that all residents who previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The follow-up meeting is offered within 14 days of the intake screening. DOCR Policy 4F-10 Juvenile Mental Health Program, Revised February 17, 2023, states that mental health services are offered to victims and perpetrators of sexual abuse:

	1. If juveniles indicate they have been a victim or perpetrator of sexual abuse upon review of the Sexual Victimization and Abusiveness Risk Assessment, the Juvenile Services Program Director shall offer them mental health services and make the appropriate referral when services are desired by the juveniles. 2. Staff shall schedule a meeting with the Mental Health professional within 14 days. (PREA 115.381) 3. If a juvenile on detention status is discharged before meeting with a Mental Health professional, staff shall make a referral to the juvenile court. Interviews Conducted: Staff Responsible for Risk Screening: Three staff members were interviewed. They said that if a screening indicated a resident had previously perpetrated sexual abuse, they would offer the resident a follow-up meeting with a mental health practitioner. The meeting would take place the next day or when the mental health practitioner was at the facility. c): Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Documentation Reviewed: YCC PAQ reports that information related to sexual victimization or sexual abuse that occurred in an institutional setting is strictly limited to medical and mental health practitioners. The information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. (d): Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18. Documentation Reviewed: YCC PAQ reports that 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. The auditor reviewed samples of mental health documentation of informed consent to residents before reporting information about prior sexual victimization. Interviews: Medical and Mental Health Staff: Two mental health staff and two medical staff were

	interviewed. All said they inform residents before they begin treatment that they are mandatory reporters. Interviews with residents who disclosed victimization during risk screening: Four offenders were interviewed who disclosed victimization during risk screening. Three stated they were offered a referral to medical or mental health, while the fourth stated they did not remember. Interviews of staff responsible for risk screening: Three staff members who completed risk screening were interviewed; they all said they would offer a referral to medical or mental health the same day as the screening, and medical and mental health staff see the residents that same day, or within 72 hours, or when they return to the facility. Site Review: During the site review, the audit team observed that most records are kept electronically and paper documents are kept in locked cabinets. Residents at the facility are under the age of 18. Medical and mental health practitioners do not obtain informed consent from them before reporting information about prior sexual victimization that did not occur in an institutional setting. They are mandatory reporter. Finding: The auditor finds the agency/facility is compliant with PREA Provision §115.381 based upon analysis of all available evidence, including the documentation provided and interviews conducted.

115.382	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	a): Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Documentation reviewed: YCC PAQ reports that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health

	practitioners according to their professional judgment. All medical services provided in response to a sexual assault/abuse are through the local hospital. YCC works in collaboration with the local hospital, as well as the victim advocate provided by the Children's Advocacy Center and law enforcement. NDCR Policy 3C-04 (PREA) Prison Rape Elimination Act of 2003, dated July 31, 2025, states § 115/82/115.382 Access to Emergency Medical and Behavioral Health Services. Refer to the DOCR Coordinated Response Plan. DOCR Coordinated Response Plan states that medical staff will determine whether a sexual assault exam is appropriate. The plan does not have information that resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Corrective Action. Corrective action resolution: The Coordinated Response Plan was updated and includes that resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Interviews Conducted: Medical and Mental Health Staff: Two medical and two mental health staff were interviewed. They all said that victims of sexual abuse receive immediate and unimpeded access to emergency medical treatment and crisis intervention services. They all said that the nature and scope of these services were determined according to their professional judgment. Residents who Reported Sexual Abuse: There was one resident who reported sexual abuse, and the incident did not require emergency medical treatment or a forensic medical examination. (b): If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners. Interviews: Security Staff and Non-Security Staff First Responders: Interviews with security staff and non-security staff first responders. There was one-person who acted as a first responder who was interviewed. The security staff person said they separated the alleged victim and abuser, took steps to preserve and protect the crime scene, requested the alleged victim not to take any actions that could destroy evidence, ensured the abuser did not take any actions to destroy evidence, and notified medical and mental health staff. There haven't been any reports of sexual abuse where residents needed to be

	referred for a forensic medical exam or for medical treatment in the past 12 months. There was no documentation demonstrating immediate notification of the appropriate medical and mental health practitioners available to review. (c): Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Documentation Reviewed: YCC PAQ reports that resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate Interviews: Medical and Mental Health Staff: Two medical and two mental health staff were interviewed. They all said victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. Residents who Reported a Sexual Abuse: The resident who reported sexual abuse declined to answer the question. (d): Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Document Reviewed: YCC PAQ reports that treatment services are not provided to every victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. DOCR and the Dakota Children’s Advocacy Center contract was provided. The contract states the DCAC will provide a forensic interviewer, review reports, contact regional social services and the ND Highway Patrol to discuss the report, document and record PREA reports, conduct forensic interviews, provide advocacy before and after the forensic interview, provide a medical exam when needed, provide follow-up recommendations to the team, and document and send the forensic interview to the regional social services and North Dakota Highway Patrol. DOCR Policy 3C-04 states, § 115/82/115.382 Access to Emergency Medical and Behavioral Health Services. Refer to the DOCR Coordinated Response Plan. Medical and behavioral health services shall be provided to the victim and abuser without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

	Coordinated Response Plan: Under the Forensic Medical Examinations section, Forensic medical examinations are offered without financial cost to the victim. Finding: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The victim would be sent to the hospital for a SANE exam as well as other medical assessments as needed. The forensic interview and advocacy would be provided by the DCAC. The Coordinated Response Plan states that forensic medical examinations are offered without financial cost to the victim. In interviews with both medical and mental health staff, they said they provide informed consent before providing services. The auditor finds the agency/facility is in full compliance with PREA Provision §115.382 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted.

115.383	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a): The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Documentation reviewed: YCC PAQ reports that the facility offers 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 Coordinated Repose Plan states, Medical Staff: Medical staff shall complete the following duties for alleged incidents of sexual abuse: 1) Reassure the victim medical services are involved only to ensure that the proper evaluation and treatment of any injuries are obtained. NDCR Policy 3C-04, (PREA) Prison Rape Elimination Act of 2003, dated July 31, 2025, states § 115.83/115.383 Ongoing Medical and Behavioral Health Care for Sexual Abuse Victims and Abusers. Refer to the DOCR Coordinated Response Plan. (b): The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from

	custody. Interviews Conducted: Medical and Mental Health Staff: Medical and mental health staff said they inform the residents why they are visiting them. They develop a treatment plan and make referrals as necessary for continued care for school counselors, other mental or emotional dynamics, coping skills, or triggers. They would build a community placement plan and make sure the case manager is informed. They can also develop treatment plans or personal development plans for the residents. They also provide follow-up care. They also get the patient's side of the story and preserve evidence, ensure hospital care, and follow up care. They also assess for any life-threatening injuries. Residents who Reported a Sexual Abuse: The resident who reported sexual abuse declined to answer questions. There were no sexual abuse incidents that required medical treatment. Therefore, medical records or secondary documentation that demonstrate victims receive follow-up services and appropriate treatment plans and, when necessary, referrals for continued care following their transfer to or placement in other facilities, or their release from custody were not available for review. (c): The facility shall provide such victims with medical and mental health services consistent with the community level of care. Interviews: Medical and Mental Health Staff: Medical and mental health staff said medical and mental health services are consistent with the community level of care. d): Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. Documentation Reviewed: The YCC PAQ reports that female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. The Coordinated Response Plan states that all victims of sexually abusive penetration are offered pregnancy testing, if applicable. Interviews: Residents who Reported a Sexual Abuse: The resident who reported sexual abuse declined to answer questions. There were no female victims who were offered pregnancy tests due to the fact that there were no sexual abuse incidents that required medical treatment. (e): If pregnancy results from the conduct described in paragraph (d) of this section,

	such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Documentation Reviewed: The YCC PAQ reports that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. The Coordinated Response Plan requires that all victims of sexually abusive penetration be offered pregnancy testing, if applicable. If pregnancy results from the conduct above, provide the victim with timely and comprehensive information and timely access to all lawful pregnancy-related medical services. Interviews: Medical and Mental Health Staff: Medical and mental health staff said that if pregnancy results from sexual abuse, the victims are given timely information and access to all lawful pregnancy-related services. This information would come from medical staff. Residents who Reported a Sexual Abuse: The resident who reported sexual abuse declined to answer questions. (f): Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Documentation Reviewed: YCC PAQ reports that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. The Coordinated Response Plan requires that sexually transmitted disease (STD) testing has occurred and prophylactic treatment is completed. Ensure pre- and post-human immunodeficiency virus (HIV) counseling has been conducted. The Coordinated Response Plan also provides a definition for Sexually Transmitted Diseases: Any of various diseases, including chancroid, chlamydia, gonorrhea, and syphilis, that are usually contracted through sexual intercourse or other intimate sexual contact. Interviews: Residents who Reported a Sexual Abuse: The resident who reported sexual abuse declined to answer the question. No sexual abuse incidents occurred in the past 12 months that required medical treatment or to be offered tests for sexually transmitted infections as medically appropriate. g): Treatment services shall be provided to the victim without financial cost and

	regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Documentation Reviews: YCC PAQ reports that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The Coordinated Response Plan requires forensic medical examinations to be offered without financial cost to the victim. Interviews: Residents who Reported a Sexual Abuse: The resident who reported sexual abuse declined to answer questions. Finding: The Coordinated Response Plan requires forensic medical exams to be offered without financial cost to the victim. The provision requires treatment services to be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Recommend that the full requirements of the standard be added to the Coordinated Response Plan for the facility. (h): The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. Documentation Reviewed: YCC PAQ reports that the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. The Coordinated Response Plan requires behavioral health practitioners to follow the following process for alleged incidents of sexual abuse: 1) A behavioral health practitioner or on-call counselor will be contacted by the shift supervisor and will be requested to immediately assess the victim and provide counsel and support. 2) The behavioral health practitioner may sit in on interviews with the victim if requested to do so by the victim or by a law enforcement officer. 3) Upon completion of the sexual abuse investigation, all perpetrators of unsubstantiated and substantiated allegations of sexual abuse shall be assessed within 60 days

	The auditor reviewed documentation that an evaluation of a resident-on-resident abuser was received within 60 days. Interviews: Medical and Mental Health Staff: Mental health staff interviewed said they conduct a mental health evaluation of all known resident-on-resident abusers and offer treatment, if appropriate. They conduct the evaluation as soon as they can. Mental health evaluations of all known resident-on-resident abusers are offered treatment. After learning about the abuse history of the resident, an evaluation is conducted by a mental health practitioner within 14 days or as soon as possible. Finding: Two medical staff and two mental health staff were interviewed. They detailed what the evaluation and treatment of residents who have been victimized would entail, including treating any urgent needs, preserving evidence, requesting the victim not to destroy evidence, and offering counseling. The auditor finds the agency/facility is compliant with PREA Provision §115.383 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted.

115.386	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a): The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. b): Such review shall ordinarily occur within 30 days of the conclusion of the investigation. Documentation Reviewed: YCC PAQ reports that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. YCC PAQ reports there was one completed criminal or administrative investigation of alleged sexual abuse at the facility in the past 12 months, excluding only "unfounded" cases. It was done within 30 days of the conclusion of the investigation. YCC PAQ reports that the facility ordinarily conducts a sexual abuse incident review

	within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. NDCR Policy 3C-04 (PREA) Prison Rape Elimination Act of 2003, dated July 31, 2025, states, 115.86/115.386 Data Collection and Incident Reviews. The facility shall conduct a sexual abuse incident review pursuant to PREA Standard 115.87 at the conclusion of every sexual abuse investigation, including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team may include the PREA Coordinator, the facility PREA Compliance Manager, behavioral health staff, investigator, and assigned facility staff. The results of the review will be provided to the warden. The auditor reviewed the sexual abuse incident review. It was conducted within 30 days of the conclusion of the investigation. (c): The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. Documentation reviewed: YCC PAQ reports that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The sexual abuse incident review was reviewed, and it included upper-level management officials, with input from the case manager, investigator, and medical and mental health practitioners. Interviews: Superintendent or Designee: The warden said that the facility has a sexual abuse incident review team. The team includes upper-level management such as the warden, deputy warden, the PCM, and the investigator. The warden said other staff can be included as necessary. d): The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made

	pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. Document reviewed: YCC PAQ reports that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. Interviews: Superintendent or Designee: The warden said the review team examines the area in the facility where the incident occurred to assess whether physical barriers in the area may have enabled the abuse. They also assess whether there are adequate staffing levels, assess where the monitoring technology should be deployed, or supplement supervision by staff. The Warden said that the review team reviews what happened to see if it could have been avoided, and looks for any deficiencies, such as physical plant issues or procedures. PREA Compliance Manager: The PCM said data is used to determine how to improve systems to prevent, detect, and respond to sexual abuse and sexual harassment. The facility conducts sexual abuse incident reviews, prepares reports, and makes recommendations for improvements based on the reviews. Incident Review Team: A member of the incident review team was interviewed. The incident review team examines the area in the facility where an incident occurred to assess it. They have reviewed cameras, gone to the location to physically look at it, and pulled up video footage to thoroughly examine the area. They will also assess where cameras or mirrors are, see if there are blind spots, see the number of staff to resident ratios, and assess if technology is needed or needs to be changed. There was one sexual abuse investigation in the past 12 months. The auditor reviewed the sexual abuse incident report. It considered the questions required in the standard. (e): The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. Documentation Reviewed: YCC PAQ reports that the facility implements the recommendations for improvement or documents its reasons for not doing so. The YCC PAQ had a statement that the majority of their recommendations come down to surveillance and plant issues. These changes are implemented as they are able, considering budget constraints.

	The YCC PAQ reported that there was one criminal and/or administrative investigation of alleged sexual abuse completed at the facility during the review period. There was one sexual abuse report and investigation, and the facility conducted a sexual abuse incident review at the conclusion of the investigation. Finding: The auditor finds the agency/facility in full compliance with PREA Provision §115.386 based upon analysis of all available evidence, including the documentation provided and interviews conducted.

115.387	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a): The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. b): The agency shall aggregate the incident-based sexual abuse data at least annually. c): The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Documentation reviewed: YCC PAQ reports that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. YCC PAQ reports that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. NDCR Policy 3C-04 (PREA) Prison Rape Elimination Act of 2003, dated July 31, 2025, states 115.87/115.387 Data Collection: The Department shall conduct accurate, uniform data collection for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. (115.87(a)/(c)-1) The Department utilizes the Department of Justice, Bureau of Justice Statistics form SSV-2, Survey of Sexual Violence for State Prison Systems, as well as collecting the information within the state’s Risk Management Incident Reporting Data System. This information is forwarded to the Department of Justice

	upon request. The Department PREA Coordinator shall aggregate incident-based sexual abuse data at least annually. (115.87(b)-1) The Department contract managers obtain incident-based and aggregated data from every contract facility with which it contracts for the confinement of its adults in custody. The ND DOCR Agency Annual PREA Report, CY 2025, is on the agency website and was reviewed by the auditor. PREA Allegation Investigation Checklist. The agency completes the checklist for sexual abuse investigations. According to the PC, the survey of sexual victimization is completed online. An example was not available for review. It is recommended that the SSV reports submitted are requested and maintained by the agency, and the definitions listed on the NDCR website are updated to match the definitions in the most recent SSV surveys, to answer all questions from the most recent version of the survey of sexual victimization. The agency collects data from allegations of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The definitions are on the agency website. The agency aggregates incidents based on sexual abuse data annually. The annual reports are on the agency's website. The agency uses a PREA allegation investigation checklist. The auditor reviewed it and noticed that the Survey of Sexual Victimization form was outdated, and the PCM updated it to a current one. d): The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency has the annual reports going back to 2025 on the website. The Survey of Sexual Victimization (SSV) in the PREA Checklist was outdated and was updated to a current SSV form. The definitions on the website are from the older SSV definitions required in the SSV. The agency will add the most up-to-date SSV definitions to match what is requested on the most recent SSV forms. (e): The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. This was marked N/A in the YCC PAQ because the YCC does not contract for the confinement of its residents. However, because this is an agency standard, the agency must obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. Corrective action is

	needed to ensure the agency obtains incident-based and aggregated data from every private facility it contracts with for the confinement of its residents. Corrective action resolution: The agency verified that it collects and has access to the private facility's aggregated data as well as information on when the private facility received a PREA audit. Bismark Transition Center (BTC) Bismark Transition Center--Women's Treatment and Recovery Unit Dickinson Adult Detention Center (DADC) Dakota Women's Correctional Rehab Center (DWCRC McKenzie County Correctional Facility (MCCF) Centre Inc-Fargo Centre Inc-Mandan Centre Inc-Grand Forks f): Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. The PC said the agency provides SSV data to the Department of Justice electronically. Document Reviewed: YCC PAQ reports that the agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request. The SSV form in the PREA Allegation Investigation Checklist was reviewed, and it is outdated. It's recommended that it be updated to match the most recent SSV form or removed. The agency/facility did not provide any recently completed SSV reports that were submitted to the U.S. Census Bureau because they were submitted electronically, and the agency/facility did not have a copy. The auditor reviewed the agency's website, which includes the PREA annual reports from 2015 to 2025 and the definition of acts. The auditor finds the agency/facility is compliant with PREA Provision §115.387 based on analysis of all available evidence, including the documentation provided and interviews conducted.

115.388	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	(a): The agency shall 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: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. (b): Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. (c): The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means. Documentation reviewed: YCC PAQ states the agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: • Identifying problem areas; • Taking corrective action on an ongoing basis; and • Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. NDCR Policy 3C-04, (PREA) Prison Rape Elimination Act of 2003, dated July 31, 2025, states, 115.88/115.388 Data Review for Corrective Action - a. The PREA Coordinator in conjunction with the facility wardens shall review data collected and aggregated pursuant to PREA Standard 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training to include: 1.) Identifying problem areas; 2) Taking corrective action on an ongoing basis; and 3) Preparing an annual report of its findings and corrective actions for each facility and the agency as a whole. This report will be approved by the Director of the Department and posted to the Department website. The Department may redact specific material from the reports when publication presents a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. PREA Annual Report, CY 2025, on the agency website. The auditor reviewed the PREA annual report. Agency Website: Prison Rape Elimination Act Overview. The auditor reviewed the agency website.

	Agency Head: The agency head said the agency uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training by examining each incident to identify problems, problem areas, and where improvements are needed, and to address concerns and take corrective action. The agency head said that he looks at the annual reports as well as reviews them. PREA Coordinator: The warden/PC said the agency reviews data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. The agency used the PREA drive that only the PCM and PC have access to ensure data is collected and securely retained. The agency takes corrective action on an ongoing basis based on the data collected. The warden also said that they don't put any personal identifiers in the annual report. Only the data is used. Findings: The annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. There is no personal identification material in the report. The annual report says it is reviewed and approved by the agency head, and in an interview with the agency head, he confirmed that he does review them. Recommend that the agency head sign the annual report as a way to demonstrate that the agency head approved it. The annual report is available on the agency's website. This report shall include a comparison of the current year's data and corrective actions with those from prior years. The annual report shall provide an assessment of DCR's progress in addressing sexual abuse. The agency's annual PREA reports were reviewed, and this auditor verified they contain all information required in this standard, including a report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. This auditor verified that the annual report is available on the agency's website. There is no personally identifiable information contained in the annual report. The auditor finds the agency/facility in full compliance with PREA Provision §115.388 based upon analysis of all available evidence, including the documentation provided and interviews conducted.

115.389	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	a): The agency shall ensure that data collected pursuant to § 115.387 are securely retained. b): The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means. c): Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. d) The agency shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise. Documentation reviewed: YCC PAQ reports that the agency ensures that incident-based and aggregate data are securely retained. Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website. NDCR Policy 3C-04, (PREA) Prison Rape Elimination Act of 2003, dated July 31, 2025, states, 115.89/115.389 Data Storage, Publication, and Destruction. a. The Department shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through the public website. Before making aggregated sexual abuse data publicly available, the Department shall remove all personal identifiers. b. All case records associated with claims of sexual abuse, including incident reports, investigation reports, inmate information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and counseling, will be retained in accordance with North Dakota statute. (4-4281-8M) Refer to N.D.C.C. § 25-03.3 04. The auditor reviewed the North Dakota Century Code (NDCC) § 25-03.3-04 is a mandatory records retention law. It dictates that all juvenile and adult criminal records, case files, and agency reports concerning alleged sex offenses or sexual performances by children must be officially retained for 25 years Interviews Conducted: PREA Coordinator: The warden/PC said the agency reviews data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. The agency uses the PREA drive, and only the PCM and PC have access to ensure data is collected and securely retained. The agency takes corrective action on an ongoing basis based on the data collected.

	Finding: The agency has annual reports going back to 2015. The auditor reviewed the annual reports. The reports contained aggregated sexual abuse data from facilities under its direct control and links to private facilities with which it contracts on its website. The auditor finds the agency/facility is compliant with PREA Provision §115.389 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted.

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation reviewed: 115.401(a-b): The auditor reviewed the agency's website at DOCR PREA Audit Reports and Annual Reports | North Dakota Department of Corrections and Rehabilitation and verified that the agency has posted the final PREA audit reports for all facilities. The audit reports go back to Audit Cycle 1 August 20, 2013 through August 19, 2016, to Cycle 4 : August 20, 2022 through August 19, 2025. The agency had at least one-third of each facility type operated by the agency audited. 115.401(h): During the on-site portion of the audit, the audit team was able to access and view all areas of the facility. 115.401(i): ND YCC provided all requested documents in a timely manner and was able to view the electronic system on-site, where documents are stored. 115.401(m): YCC provided areas for the auditors to use, which provided enough space to conduct private interviews of residents and staff where others were unable to hear the conversations. 115.401(n):

	The auditor received no letters from YCC residents. The audit notice was observed to be posted throughout the facility in both English and Spanish. An email was sent by the facility, as well as photos of the audit notice postings. They were received via email on January 29, 2026, 8 weeks before the on-site portion of the audit. The auditor finds the agency/facility in full compliance with PREA Provision §115.401 based upon analysis of all available evidence, including the documentation provided, the site review, and interviews conducted.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.403(f): The auditor reviewed the agency's website. The agency has posted each of the facility's audit reports with the links to each of the reports on the website. The final reports for the audits are available on the agency website. The auditor finds the agency/facility in full compliance with PREA Provision §115.403 based upon analysis of all available evidence, including the documentation reviewed.

Appendix: Provision Findings		
115.311 (a)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	**Contracting with other entities for the confinement of residents**	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.312 (b)	**Contracting with other entities for the confinement of residents**	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
115.313 (a)	**Supervision and monitoring**	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	**Supervision and monitoring**	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	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.)	yes
115.313 (c)	**Supervision and monitoring**	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	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?	no
115.313 (d)	**Supervision and monitoring**	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	**Supervision and monitoring**	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.315 (f)	**Limits to cross-gender viewing and searches**	

	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.316 (a)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	**Hiring and promotion decisions**	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or	yes

	coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	**Hiring and promotion decisions**	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual	yes

	abuse or any resignation during a pending investigation of an allegation of sexual abuse?	
115.317 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	**Hiring and promotion decisions**	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	**Hiring and promotion decisions**	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	**Hiring and promotion decisions**	

	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	**Upgrades to facilities and technologies**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	**Upgrades to facilities and technologies**	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	**Evidence protocol and forensic medical examinations**	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based	yes

	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.)	
115.321 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	**Evidence protocol and forensic medical examinations**	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory	yes

	interviews?	
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322	**Policies to ensure referrals of allegations for investigations**	

(c)		
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	**Employee training**	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to	yes

	mandatory reporting of sexual abuse to outside authorities?	
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	**Employee training**	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	**Employee training**	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	**Volunteer and contractor training**	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.332 (b)	**Volunteer and contractor training**	
	Have all volunteers and contractors who have contact with residents been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	**Resident education**	
	During intake, do residents receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	**Resident education**	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	**Resident education**	

	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	**Resident education**	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	**Resident education**	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	**Resident education**	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	**Specialized training: Investigations**	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334	**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
115.334 (c)	**Specialized training: Investigations**	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	**Specialized training: Medical and mental health care**	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	**Specialized training: Medical and mental health care**	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341	**Obtaining information from residents**	

(a)		
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	**Obtaining information from residents**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	**Obtaining information from residents**	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	yes

	the agency attempt to ascertain information about: Physical disabilities?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	**Obtaining information from residents**	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	**Obtaining information from residents**	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	**Placement of residents**	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes

	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	**Placement of residents**	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (d)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (e)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342	**Placement of residents**	

(f)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (g)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (h)	**Placement of residents**	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	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?)	na
115.342 (i)	**Placement of residents**	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	**Resident reporting**	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	**Resident reporting**	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	no
115.351 (c)	**Resident reporting**	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	**Resident reporting**	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	**Resident reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.352 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.352 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.352 (d)	**Exhaustion of administrative remedies**	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	na
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	na
115.352 (f)	**Exhaustion of administrative remedies**	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does	na

	the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.352 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.353 (a)	**Resident access to outside confidential support services and legal representation**	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	**Resident access to outside confidential support services and legal representation**	

	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	**Resident access to outside confidential support services and legal representation**	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	**Resident access to outside confidential support services and legal representation**	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	**Third-party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	**Staff and agency reporting duties**	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes

	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	**Staff and agency reporting duties**	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	**Staff and agency reporting duties**	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	**Staff and agency reporting duties**	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	**Staff and agency reporting duties**	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim’s parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare	yes

	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.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	**Staff and agency reporting duties**	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	**Agency protection duties**	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	**Reporting to other confinement facilities**	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	**Reporting to other confinement facilities**	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	**Reporting to other confinement facilities**	

	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.364 (a)	**Staff first responder duties**	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	**Staff first responder duties**	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	**Coordinated response**	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.366 (a)	**Preservation of ability to protect residents from contact with abusers**	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	**Agency protection against retaliation**	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	**Agency protection against retaliation**	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	**Agency protection against retaliation**	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	**Post-allegation protective custody**	
	Is any and all use of segregated housing to protect a resident who	yes

	is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	
115.371 (a)	**Criminal and administrative agency investigations**	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	**Criminal and administrative agency investigations**	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	**Criminal and administrative agency investigations**	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	**Criminal and administrative agency investigations**	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal	yes

	prosecution?	
115.371 (f)	**Criminal and administrative agency investigations**	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	**Criminal and administrative agency investigations**	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	**Criminal and administrative agency investigations**	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	**Criminal and administrative agency investigations**	

	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.371 (m)	**Criminal and administrative agency investigations**	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	**Evidentiary standard for administrative investigations**	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	**Reporting to residents**	
	Following an investigation into a resident’s allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	**Reporting to residents**	
	If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	**Reporting to residents**	
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit?	yes

	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	**Reporting to residents**	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	**Reporting to residents**	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual	yes

	harassment policies?	
115.376 (b)	**Disciplinary sanctions for staff**	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	**Disciplinary sanctions for staff**	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	**Disciplinary sanctions for staff**	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	**Corrective action for contractors and volunteers**	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	**Corrective action for contractors and volunteers**	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility	yes

	take appropriate remedial measures, and consider whether to prohibit further contact with residents?	
115.378 (a)	**Interventions and disciplinary sanctions for residents**	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	**Interventions and disciplinary sanctions for residents**	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	**Interventions and disciplinary sanctions for residents**	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	**Interventions and disciplinary sanctions for residents**	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations	yes

	for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	**Interventions and disciplinary sanctions for residents**	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	**Interventions and disciplinary sanctions for residents**	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	**Interventions and disciplinary sanctions for residents**	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	**Medical and mental health screenings; history of sexual abuse**	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	**Medical and mental health screenings; history of sexual abuse**	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	**Access to emergency medical and mental health services**	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	**Access to emergency medical and mental health services**	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	**Access to emergency medical and mental health services**	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382	**Access to emergency medical and mental health services**	

(d)		
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	

	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	**Sexual abuse incident reviews**	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	**Data collection**	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	**Data collection**	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	**Data collection**	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	**Data collection**	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	na

	the confinement of its residents.)	
115.387 (f)	**Data collection**	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	**Data review for corrective action**	
	Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse?	yes
115.388 (c)	**Data review for corrective action**	
	Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

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