

PREA Facility Audit Report: Final

Name of Facility: North Dakota Youth Correctional Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/03/2020

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Stephanie Vetter	Date of Signature: 10/03/2020

AUDITOR INFORMATION	
Auditor name:	Vetter, Stephanie
Email:	stephaniejvetter@gmail.com
Start Date of On-Site Audit:	09/02/2020
End Date of On-Site Audit:	09/03/2020

FACILITY INFORMATION	
Facility name:	North Dakota Youth Correctional Center
Facility physical address:	701 16th Ave SW, Mandan, North Dakota - 58554
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Courtney Wigginton
Email Address:	cwigginton@nd.gov
Telephone Number:	701-667-1402

Superintendent/Director/Administrator	
Name:	Tim Tausend
Email Address:	ttausend@nd.gov
Telephone Number:	701-667-1401

Facility PREA Compliance Manager	
Name:	Courtney Wigginton
Email Address:	cwigginton@nd.gov
Telephone Number:	O: (701) 667-1402

Facility Health Service Administrator On-Site	
Name:	Tim Rice
Email Address:	tlrice@nd.gov
Telephone Number:	701-667-1469

Facility Characteristics	
Designed facility capacity:	76
Current population of facility:	24
Average daily population for the past 12 months:	41
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	12-19
Facility security levels/resident custody levels:	Medium/Maximum
Number of staff currently employed at the facility who may have contact with residents:	91
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	6
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	North Dakota Department of Corrections and Rehabilitation, Division of Juvenile Services
Governing authority or parent agency (if applicable):	
Physical Address:	701 16th Avenue SW, Mandan, North Dakota - 58554
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Maren Arbach	Email Address:	marbach@nd.gov

AUDIT FINDINGS

Narrative:

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

Audit Methodology On-site Audit Phase -Interviews:

YCC is a relatively small residential program that employs a total of 45 staff. To complete employee interviews, the Auditor randomly selected employees from different shifts and housing units in addition to specialized staff, which included the nurse, educational liaison, first responders, screeners at intake, case-managers, direct care staff, Resident and Clinical Director, Facility Director, Division Director, PREA Compliance Manager, PREA Compliance Coordinator, Director of Safety and Security, Quality Assurance Manager, trainers, and human resource officers. A total of 19 staff were interviewed, plus the Morton County States Attorney, the CAC staff and a victim/witness coordinator.

The YCC Quality Assurance Manager and PREA Compliance Manager conduct administrative inquiries, monitor grievances and retaliation, and unannounced rounds. There were no contractors or volunteers at the facility on the day of the on-site review. A total of two (2) interns and four (4) contractors were reported to work occasionally with YCC and are supervised under Dr. Doppler by the Director of Resident Care and Clinical Services.

Staff interviews began on August 12, 2020 and were conducted using Microsoft Teams, a secure internet-based platform that allowed for the use of video cameras and privacy during the interviews.

There were a total of nineteen (19) residents at YCC on September 2 and 3, 2020, and total of twelve (12) were interviewed by the PREA Auditor in-person (following appropriate CDC guidelines and facility Pandemic Policies). The interviews were conducted in private conference rooms in the education center and Pine Cottage. Every third resident from each housing unit was selected; residents represented various ages and lengths of stay. Targeted resident interviews included youth who had reported at screening a history of victimization prior to YCC, and who had an Individual Education Plan (IEP). None of the current residents reported to the Auditor any sexual abuse or sexual harassment while at the YCC; nor had any of the residents reported it happening at another facility. These factors limited the number of targeted resident interviews conducted by the Auditor.

Audit Methodology On-site Audit Phase Documentation Review:

Resident files are stored electronically in FileNet, secured by passcode. The PREA Compliance Manager provided access to all YCC resident files via FileNet on a computer in a private conference room. A total of twelve resident (12) files and twenty-four (24) personnel files, were reviewed during the on-site review.

Some files corresponded to the residents and staff who were interviewed in order to corroborate information. As part of the file/ document review the Auditor also reviewed training documentation/curriculum, medical and mental health screenings, and grievances to further corroborate information reported during interviews.

The number of criminal and/or administrative investigations of alleged resident sexual abuse that were

completed by the facility in 2019 totaled nine (9) investigations (all resident to resident), of which, two (2) were Unsubstantiated Sexual Abuse; three (3) were Substantiated Sexual Abuse; one (1) was Unfounded Sexual Abuse; two (2) were Substantiated Sexual Harassment; one (1) was Unfounded Sexual Harassment. In 2020, one (1) staff to resident sex abuse allegation was substantiated and deemed a criminal offense. The Auditor reviewed the 2020 incident and a 2019 incident.

Debrief/Exit Meeting: During the out-briefing with DJS Director, YCC Director, PREA Compliance Manager, Quality Assurance Manager, and Director of Resident and Clinical Services, the Auditor reviewed pre-liminary findings, highlighted program strengths and areas of improvement. Areas for improvement included: implementation of “last day protocol” when employees resign or are fired; consistent use of PREA brochures, and increased coordination with Law Enforcement during criminal investigations. A debrief meeting was held with the agency PREA Coordinator in regards to increased coordination with the North Dakota Highway Patrol (NDHP) and the Morton County States Attorneys Office.

Post On-site Audit Phase: The PREA Compliance Manager and PREA Coordinator responded to several requests from the Auditor in the post on-site audit phase providing program details and further clarification on medical and mental health services. There was no corrective action required as a result of the PREA audit findings; therefore, an Interim Report was not issued. The submission of PREA Audit Final Report will occur on October 3, 2020.

AUDIT FINDINGS

Facility Characteristics:

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

Facility Characteristics: The YCC facility is a state correctional center for juvenile males and females ages 12-19. The number of current residents (19) on Sept 2 and 3, 2020 was well below the program's operating capacity; this was confirmed from monthly YCC population reports. Residents' average length of stay is six (6) to nine (9) months. Located in a rural area just outside Mandan and Bismarck, ND, the facility resembles a boarding school campus. It is a secure confinement facility but does not provide any segregated housing or isolation units. The program is also staff-secure (meaning residents are constantly under staff supervision); resident room and perimeter doors are kept locked, however there is no perimeter fence to keep residents from leaving the campus area once outside.

The YCC campus comprises several different buildings, some of which have been shuttered and are not accessible to staff or youth. The main entrance to the facility is through the Administration Building which is connected to the educational facility. The main entrance has a large reception area where staff and the public enter to check in with administrative staff and sign-in. Safety protocols were in place for youth, staff, and visitors due to Covid-19 at the time of the Audit. The Auditor followed new protocols, was screened with a temperature check and wore an N-95 mask throughout the day while in the facility and in contact with youth. The Administration building contains reception, offices, bathrooms, and a multi-level educational center with an indoor gymnasium and pool in a separate building. Resident housing units (cottages) are named Pine, Hickory, and Brown. Hickory Cottage is a three-story brick structure for male youth. The basement level houses two chemical dependency group rooms, counselor offices, an optometric examination room, a dental examination room, a shared office space for the contracted optometrist and dentist; a medical examination room, the Director of Nursing office; and an office for the mental health professional. The main level of Hickory Cottage houses the dayroom, shower area, laundry facilities and staff duty desk. The third floor of Hickory Cottage contains the 32 single occupancy rooms; two room are wet rooms. Pine Cottage is a single-story brick building constructed in 1990, is the newest building on the YCC campus., and houses male youth in the pre-adjudication, assessment and treatment phases. It contains a centrally located, open staff desk with rooms in line-of-sight views. There are open common areas directly outside of the single occupancy sleeping rooms. Each single occupancy room contains one bed and one combination toilet/sink. Directly in front of the staff duty desk is a large open group room that is used for classwork, counseling and education. On Sept 2 and 3rd, this room was being used in-part as a quarantine for youth until they had cleared the 14-day medical covid-19 quarantine. This area was indicated with tape on the floor. Behind the housing area is a small gym with basketball court and immediately outside of that, a secure outdoor recreation area. Attached to Pine Cottage is Centennial Hall which contains a modern kitchen and dining facility. During on-site review, the Auditor ate lunch in the dining hall. New Covid-19 protocols require residents to eat meals in their assigned cottage, and Staff eat lunch with resident groups. The dining hall is used on weekends to host family visits with youth as allowed under the YCC Pandemic Plan. Brown Cottage is a single-story brick structure for female youth. On the east end of the building are the common areas and group rooms. On the west end of the building are sleeping rooms, a shower area, a room used for intakes and an area used for resident relaxation and time-outs.

YCC utilizes strength-based, trauma-informed approaches to reduce the risk for future offending. Programming is structured to teach residents about their personal and sexual safety, to keep emotional and physical safety, and to use group time to discuss program rules, group dynamics, and sexual safety. This programming approach raises awareness, provides opportunities to prevent and detect abuse and harassment, and reinforces the agency's zero tolerance policy. Programming includes individual and group therapy time, drug and alcohol counseling, education, and skill-building to reduce the risk of re-offense. A Case Manager works with each youth and specific emphasis is placed on victim empathy, healthy relationships, relapse prevention, drug and alcohol treatment, and taking full responsibilities for their offenses.

AUDIT FINDINGS

Summary of Audit Findings:

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

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

Summary of Audit Findings and Compliance Determination:

The PREA Auditor determines for YCC there are zero (0) findings of "exceeds standard;" zero (0) findings of "does not meet standard;" and forty-three (43) findings of "meets" standards including all provisions of each standard. No corrective action is required at this time. YCC meets the following PREA Juvenile Facility Standards:

115.311 Zero tolerance of sex abuse and harassment; PREA Coordinator

115.312 Contracting with other entities for the confinement of residents.

115.313 Supervision and monitoring.

115.315 Limits to cross-gender viewing and searches.

115.316 Residents with disabilities and residents who are limited English proficient.

115.317 Hiring and promotion decisions.

115.318 Upgrades to facilities and technologies.

115.321 Evidence protocol and forensic medical examinations.

115.322 Policies to ensure referrals of allegations for investigations.

115.331 Employee training.

115.332 Volunteer and contractor training.

115.333 Resident education.

115.334 Specialized training: Investigations.

115.335 Specialized training: Medical and mental health care.

115.341 Obtaining information from residents.

115.342 Placement of residents in housing, bed, program, education, and work assignments.

115.351 Resident reporting.

115.352 Exhaustion of administrative remedies.

115.353 Resident access to outside support services and legal representation.

115.354 Third-party reporting.

115.361 Staff and agency reporting duties.

115.362 Agency protection duties.

115.363 Reporting to other confinement facilities.

115.364 Staff first responder duties.

115.365 Coordinated response.

115.366 Preservation of ability to protect residents from contact with abusers.

115.367 Agency protection against retaliation.

115.368 Post-allegation protective custody.

115.371 Criminal and administrative agency investigations.

115.372 Evidentiary standard for administrative investigations.

115.373 Reporting to residents.

115.376 Disciplinary sanctions for staff.

115.377 Corrective action for contractors and volunteers.

115.378 Interventions and disciplinary sanctions for residents.

115.381 Medical and mental health screenings; history of sexual abuse.

115.382 Access to emergency medical and mental health services.

115.383 Ongoing medical and mental health care for sexual abuse victims and abusers.

115.386 Sexual abuse incident reviews.

115.387 Data collection.

115.388 Data review for corrective action.

115.389 Data storage, publication, and destruction.

115.401 Frequency and scope of audits.

115.403(f) Frequency and scope of audits.



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	
<p>Meets : Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA Policy b) Agency Personnel Manual c) YCC Resident Handbook d) Job Descriptions e) Training documentation f) http://www.nd.gov/dhs/services/childfamily/cps/ <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director b) Director Safety and Security c) Director, Division of Juvenile Services d) Intermediate or Higher-Level Facility Staff e) PREA Compliance Manager f) PREA Coordinator <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.311(a). The YCC has a Zero Tolerance Policy entitled the 3C-4 PREA policy which is found in Agency Personnel Manual. It mandates zero tolerance toward all forms of sexual abuse and sexual harassment in section four (4) after the Definitions section and then outlines the agency's procedures to address PREA, prevention, detection and responding to this conduct. It includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, and YCC's commitment to providing "continual education of staff and residents to</p>	

increase awareness of safe reporting mechanisms and available services to victims". The zero tolerance of such conduct is also outlined in the YCC Resident Handbook and provides age-appropriate information explaining residents' rights to be safe and how to report abuse.

All employees interviewed by the Auditor described 3C-4 PREA Policy and their role in carrying out prevention, detection, monitoring and responses to sexual abuse and sexual harassment.

Most staff reported that they had attended PREA training within the past three months, the New Employee Orientation when they became employed at YCC, and many PREA refreshers.

Each described step-by-step actions they would take in the event of sexual abuse and/or sexual harassment in the YCC program, starting with safety for the victim, separation, evidence preservation, and reporting. All staff described a direct supervision model and staffing ratios meant to prevent and detect any abuse, neglect, or harassment in the program.

Every employee interviewed, reported they are mandatory reporters under North Dakota Law meaning employees working with residents under age 18 are mandated to report any sexual abuse, abuse or neglect despite the residents' personal wishes to Institutional child abuse and neglect as defined by North Dakota Century Code 50-25.1-02, "situations of known or suspected child abuse or neglect where the person responsible for the child's welfare is an employee of a residential child care facility, a treatment or care center for mentally retarded, a public or private residential educational facility, a maternity home, or any residential facility owned or managed by the state or a political subdivision of the state." When a child is suspected of being abused under circumstances that fit within this definition, the suspicion of possible child abuse or neglect can be reported to the regional supervisor of child protection services at the Regional Human Service Center in the region where the facility is located. YCC staff are required by law to make reports whenever child abuse or neglect is suspected by filing an SFN 960.

Every resident interviewed by the Auditor reported an overall feeling of safety in the YCC program. They demonstrated an understanding of their rights to be free from sexual abuse and sexual harassment (SA/SH) and were able to describe their options to report verbally, in writing, by telephone and anonymously. Each resident answered "no" that they had not experienced or witnessed sexual abuse and/or sexual harassment while in YCC, and that during the orientation phase of the YCC program they were educated on their rights, program expectations, agency policies, how to file written grievances and SA/SH reports, how to report to an outside advocate, and how to report to staff in multiple ways.

Zero tolerance posters were found in nearly every area of the program including dayrooms, housing units, school, and cafeteria. The posters contained: information on youth rights to be free from SA/SH, ways to report. The Resident Handbook, which was reviewed by the Auditor, also contains this information.

115.311(b-c). The North Dakota Department of Corrections and Rehabilitation (DOCR) Agency employs an upper-level agency-wide PREA Coordinator with sufficient time and authority to develop, implement and oversee agency efforts to comply with PREA standards in its facilities. The designated PREA Coordinator is Maren Arbach who reported that she had recently been assigned duties related to Covid-19, specifically the collection and reporting of Covid cases within the ND DOCR. The auditor reviewed the job description which clearly states that one of the main duties of this position is to oversee and coordinate the agency's efforts to comply with PREA.

ensures that the YCC Facility employs a designated Facility PREA Compliance Manager who has sufficient time and authority to coordinate the facility's efforts to comply with PREA standards. The auditor reviewed. The job description was reviewed by the Auditor; it states that one of the main duties of this position is to oversee and coordinate the agency's efforts to comply with PREA. During their interviews and the facility tour both described their training in PREA investigations; they reported that Grievances are reviewed daily by the PREA Compliance Manager and routine meetings are used to review any PREA allegations. The PREA 3rd Party Reporting Boxes are checked daily by building staff who described the procedures for reporting PREA allegations to an outside 3rd party.

The PREA Manager accompanied the Auditor on the program tour during the on-site review of the audit and coordinated logistics and access to document review, all of which suggests that ample time is dedicated to PREA duties.

The policies, practices and interviews of residents and employees support the finding that YCC meets standard 115.311(a-c).

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.312 Contracting with other entities for the confinement of residents</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <p>a) 3C-4 PREA Policy</p> <p>2. Interviews:</p> <p>a) Facility Director</p> <p>b) Director Safety and Security</p> <p>c) Director, Division of Juvenile Services</p> <p>d) PREA Compliance Manager</p> <p>d) Higher-Level Facility Staff</p> <p>e) Residents</p> <p>3. Site Review Observations:</p> <p>a) Informal interviews during site review</p> <p>115.312(a). YCC does not contract with other entities for the confinement their residents, which was confirmed through interviews with PREA Compliance Manager, Director Safety and Security, and YCC Director. In a review of agency files, the auditor found no indication of the agency or YCC contracting with other entities for the confinement of residents. The programs at YCC, are residential in nature and accredited</p> <p>115.312(b). YCC Inc does not contract with other entities for the confinement their residents and this was confirmed through interviews with the Division Director, PREA Compliance Manager, and Facility Director. In a review of Agency documentation completed by the Auditor, there was no indication of the Agency contracting with other entities for the confinement of residents.</p> <p>The policies, practices and interviews of residents and employees support the finding that YCC meets standard 115.312(a, b).</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.313 Supervision and monitoring</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA Policy -Procedure A.6 b) 3A-3 Evaluations, Inspections, and Reviews Policy c) Agency Personnel Manual d) Unannounced Monitoring of Direct Supervision Logs e) Shift Log Inquiries f) 2019 and 2020 Administrator’s Meeting Minutes g) PREA Staffing and Incident Review Minutes <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director b) Director Safety and Security c) Director of Clinical Services d) Director, Division of Juvenile Services e) Intermediate or Higher-Level Facility Staff conducting unannounced rounds f) Residents g) PREA Compliance Manager h) Quality Assurance Manager i) Morton County State’s Attorney <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review

115.313(a). YCC ensures that the staffing plan is documented and 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, YCC takes following into consideration as outlined in their Policy:

- (1) Generally accepted juvenile detention and correctional/secure residential practices were observed by the Auditor during the tour and are listed on the YCC Website; services include effective juvenile detention/residential standard practices such as psychoeducation groups, cognitive behavioral therapy, objective screening and assessment, multi-disciplinary treatment planning, education and pro-social programming and individual therapy. YCC employs a Recreational Therapist to engage youth in evidence-supported physical activities. The Auditor observed residents engaged in basketball and strength-training during the on-site review with a ratio of (2) staff for (8) residents which exceeds PREA standards and allows a relational approach to supervision.
- (2) Judicial findings of inadequacy do not exist for YCC according to reports by the Facility Director and Division Director. The Auditor conducted a search of the internet and found no related media. The Morton County State's Attorney confirmed that YCC has not been the known subject of any court cases or judicial findings of inadequacy.
- (3) Any findings of inadequacy from Federal investigative agencies do not exist for YCC, according to reports by the Facility Director and Division Director. The Auditor conducted a search of the internet and found no related media.
- (4) Any findings of inadequacy from internal or external oversight bodies do not exist for YCC according to reports by the Division Director and Facility Director. The Auditor conducted a search of the internet and found no related media.
- (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated) are taken into consideration when making program improvements. The auditor observed (72) cameras throughout the on-site review, reviewed documentation on enhanced camera placement, interviewed the Director of Safety and Security and confirmed that cameras are incorporated into the education areas and cottages to address blind spots. Additionally, the executive-level staff including the PREA Compliance Manager and Quality Assurance manager, discuss safety improvements as documented in 2019 and 2020 Administrator's Meeting Minutes and PREA Staffing and Incident Reviews.
- (6) The composition of the resident population was almost entirely males between the ages of 12-17 on September 2-3, 2020, with only one (1) female resident. During the on-site review, YCC Director reported that recruitment of qualified staff was a priority.
- (7) The number and placement of supervisory staff was observed by the auditor during the on-site review phase, determined to be in compliance with standards, and is detailed in this report.
- (8) Institution programs occurring on a shift, are required by policy to provide a direct supervision model with a ratio of (1) staff to (8) residents.
- (9) Any applicable State or local laws, regulations, or standards are reflected in the 3C-4 PREA. Mandatory reporting requirements are posted in the YCC, on the website and Resident Handbook.

(10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse is taken into consideration and documented and changes have been made because of reports. YCC collects information to help reduce the risk of sexual abuse and sexual harassment occurring with the North Dakota Youth Correctional Center according to 3C-4 PREA Policy.

(11) Any other relevant factors: include a decreasing population and Covid-19 protocols as reported by the Director and observed by the Auditor.

115.313(b). The Facility Director and PREA compliance Manager reported that the only major staffing plan deviations to the policy over the past year was due to Covid-19 and the need to provide quarantine for residents. However, the Director and other employees reported no staffing shortages or instances of deviation from the staffing ratios. Deviations were reviewed by the Auditor and found to be well-documented in the Shift Log Inquiry and typically related to movement within the facility.

115.313(c). The YCC staffing ratio of direct supervision employees to residents outlined in the Agency policy and currently exceeds the PREA requirements. YCC 3C-4 PREA policy requires YCC maintaining staffing ratios of 1:8 during the day shift and 1:16 on the overnight shift.

During the Auditor's on-site visit the 1:6 ratio was observed with no evidence or reports going below the PREA staffing ratios of 1:8. In interviews with the Auditor, employees reported that supervision ratios met Agency policy at all times over the past year, and described how supervision of the housing units, dayrooms and the bathroom/shower areas are managed.

115.313(d). The Director, Facility Director, the PREA Compliance Manager and Quality Assurance Manager reported that whenever necessary, but no less frequently than once each year, YCC team meets to 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.

YCC documents the results of the annual reviews on yearly PREA Staffing and Incident Review form to document the staffing plan. 2019 report was examined by the Auditor. It lists the following information: the numbers, types and investigatory findings of PREA incidents for each of the Agency's programs, the eleven PREA criteria considered in the staffing plan, notes on how the staffing plan had an observable or quantifiable impact on the occurrence of sexual abuse and sexual harassment within the facility and the indication that the facility has sufficient resources to ensure adherence to the plan.

During the YCC facility tour the Auditor observed the video monitoring equipment, and the Director Safety and Security pointed out that several new cameras had been added since the last PREA Audit; he explained how the video monitoring system and strategically placed cameras in each hallway, lounge areas and common areas (cafeteria and school) help prevent and detect sexual abuse and sexual harassment. Review of the video has helped

staff build certain skills and has been used for training. This information was also noted in the Annual PREA Staffing Plan report.

115.313(e). YCC's 3A-3 Policy and procedures require having intermediate-level or higher level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. This policy was reviewed by the Auditor, as well as documentation of unannounced rounds by the Safety and Security Director. Unannounced rounds were documented on night shifts as well as day shifts; the Auditor reviewed 2019-2020 reports.

Under this policy Intermediate or higher-level staff conduct unannounced inspections of all shifts to identify and deter staff sexual abuse and sexual harassment. Results of these inspections will be entered in the Shift Log in ELITE. Staff shall not alert other staff that supervisory rounds are occurring, unless such an announcement is related to the legitimate operational functions of the facility. The policy prohibits 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. Each form included the date and time, and documented that unannounced rounds occurred as required without regularity or a set pattern, indicated by the time or date. The Auditor confirmed with YCC staff assigned to do unannounced rounds (who signed the forms) and each confirmed that unannounced rounds occur according with agency policy.

The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.313(a, b, c, d, e).

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.315 Limits to cross-gender viewing and searches</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA Policy and Procedures b) 3A-6 Control of Contraband policy <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director b) Director Safety and Security c) PREA Compliance Manager d) Director of Resident Care and Clinical Services e) Employees f) Intermediate and Higher-Level Facility Staff g) Residents <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review b) Mock Intake by JIRS <p>115.315(a). YCC 3A-6 Control of Contraband policy sets limits to cross-gender viewing and searches, and states "Only staff of the same gender will conduct an unclothed or pat search of the juvenile."</p> <p>115.315 (b-c). YCC, does not allow staff to conduct cross-gender pat-down searches ever. The 3A-6 policy prohibits cross-gender pat-down search of any resident, and allows searches of Initial arrival regardless of status; Return from off-campus activities not supervised by North Dakota Youth Correctional Center staff including vacations, home visits, or court; Return from off-campus activities supervised by staff; however, discretion is used depending upon the off-campus activity; Reasonable belief a juvenile is carrying contraband or other prohibited</p>

material. The residents who were interviewed by the Auditor, consistently stated they are never nude in front of employees, except at intake but only in front of the same sex staff.

115.315(d). The 3C-4 PREA policy procedures 5. a-c states that “Staff shall allow juveniles to shower, perform bodily functions, and change clothing without observance from staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine checks. Staff may only view juveniles on camera in areas where they may shower, perform bodily functions, and change clothes in exigent circumstances. Staff verbally shall announce staff’s presence prior to entering the area of the opposite gender when juveniles are showering, performing bodily functions, or changing clothing.

During the on-site review, the Auditor observed numerous instances of female staff announcing their presence when entering the male cottages. Resident interviews confirmed that this is something that happens during day and night shift. These are also logged into the ELITE Shift Log Inquiry and those were reviewed by the Auditor.

115.315(e). YCC 34-C PREA policy states: The North Dakota Youth Correctional Center may not search or physically examine transgender or intersex juveniles for the sole purpose of determining their genital status. Staff and Resident interviews confirmed that no one had ever been searched for these purposes.

115.315(f). YCC Body Searches policy and training curriculum states that no resident will ever be searched or physically examined by staff of the opposite gender.

The policies, practices and interviews of residents and employees support the finding that YCC meets standard 115.315(a, b, c, d, e, f).

115.316	Residents with disabilities and residents who are limited English proficient
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Meets: Standard 115.316 Residents with disabilities and residents who are limited English proficient</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA Policy/Procedure B. 4. b) ND DJS Youth Safety Guide c) Interpreter Services Contract <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director b) Director of Resident Care and Clinical Services c) Director Safety and Security d) Intake Staff e) Employees f) PREA Compliance Manager g) Intermediate and Higher-Level Facility Staff h) Residents <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.316(a).</p> <p>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, YCC enters into a contract for On-Demand Remote Interpreting and Document Translation and the 3C-4 PREA policy states in procedure B. 1-3 that staff shall provide this information to the residents in a written form and in a language they understand.</p>	

During the interviews, two residents who may have disabilities reported that their right to be free from sexual abuse and sexual harassment was explained in multiple ways, and they reviewed the Resident Handbook with staff.

115.316(b). YCC 3C-4 PREA policy allows only Staff to provide information to the juveniles in a written form and in a language they understand. If a juvenile does not understand English, staff shall provide a translation into the juvenile's native language.

Specifically, the policy prohibits residents at YCC from being used as a translator or interpreter for another juvenile for communications regarding a PREA allegations, except in limited circumstances where extended delay in obtaining an interpreter could compromise safety.

Although there were no LEP residents at the time of the audit, YCC has a contract for interpretive services with Language Link and Voiance Language Services, LLC for On-Demand Remote Over the Phone Interpreting; On-Demand Remote Video Remote Interpreting; On-Demand Remote Document Translation. The PREA Compliance Manager and JIRS who demonstrated an intake confirmed these procedures.

115.316(c). According to resident and employee interviews, resident Interpreters are not used and there have been no instances in which residents had been utilized in this manner.

The policies, practices and interviews of residents and employees support the finding that YCC meets standard 115.316 (a, b, c).

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.317 Hiring and promotion decisions</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 1C-11 Criminal Record Check and Fingerprinting policies b) Human Resources and Personnel Files c) YCC Personnel Manual <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director b) PREA Compliance Manager c) Director Safety and Security d) HR staff e) Director, Division of Juvenile Services <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.317(a.1-3).</p> <p>1C-11 Policy requires that before hiring new employees who may have contact with juveniles, the DOCR will: Perform a criminal records check, as well as a Child Abuse and Neglect Background Inquiry; and 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.</p> <p>This Policy states that in addition to initial verifications, YCC adheres to PREA standards, prohibiting the hiring or promotion of employees who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community</p>

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 above.

It also requires contractors fulfilling any direct service role or who have direct contact with the residents must also adhere to these same policies. The PREA Compliance Manager reported in the PAQ that 4 of 4 contractors were subject to this policy over the last 12 months and 31 of 31 employees (100%).

115.317(b). 1C-11 Criminal Record Check and Fingerprinting Policy also considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

115.317(c). 1C-11 describes procedures requiring YCC to (1) Perform a criminal background records check; (2) Consult the Sex Offender Registry abuse registry maintained by the State ; 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, and that all attempts to contact shall be documented on an Employment Mail/Phone Reference check form. These forms were completed and signed in the personnel files reviewed by the Auditor.

115.317(d). 1C-11 requires YCC to verify prospective, newly hired direct service contractors prior to performing services through criminal history, fingerprint, child abuse record, employment eligibility and other background and credential checks. 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. These forms were verified by the Auditor in the personnel files.

115.317(e-f). The YCC, employment application requires all prospective employees/contractors to disclose details about any past criminal history and failure to report such information subjects the employee to termination by policy. All employee files reviewed contained written applications signed by applicants to disclose any criminal history.

All of the files reviewed by the Auditor contained a background clearance from the Federal Bureau of Prisons and the North Dakota Sex Offender Registry. Background checks for new employees were completed prior to employment, and every five years as was reflected in the files.

115.317(g). 1C-11 also states that material omissions, meaning failure to notify the supervisor immediately regarding criminal misconduct or criminal charges is grounds for termination.

115.317(h). 1C-11 states that unless prohibited by law, the DOCR shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

The policies, practices and interviews of residents and employees support the finding that YCC meets standard 115.317(a, b, c, d, e, f, g, h).

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.318 Upgrades to facilities and technologies</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <p>a) Monthly Administrator’s Meeting Minutes</p> <p>2. Interviews:</p> <p>a) Facility Director/Director Safety and Security</p> <p>b) Director Safety and Security</p> <p>c) Director, Division of Juvenile Services</p> <p>d) PREA Compliance Manager</p> <p>3. Site Review Observations:</p> <p>a) Informal interviews during site review</p> <p>115.318(a-b) In July 2019, YCC closed one female cottage due to a significant decrease in the population over the past 18 months. Based on the closure, the YCC Facility re-configured the placement of cameras to ensure that surveillance would be enhanced.</p> <p>During the on-site review, the Auditor observed newly located cameras referenced by the Director of Safety and Security who discussed the placement of these cameras and indicated that the PREA standards and review of PREA Incidents helped to determine camera placement. The Auditor observed the cameras were working.</p> <p>The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.318 (a, b).</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.321 Evidence protocol and forensic medical examinations</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA Policy b) ND Uniform Evidence Protocol c) CAC Services Contract d) MOU NDDOCR/NDHP <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director b) PREA Compliance Manager c) Director Safety and Security d) Quality Assurance Manager e) Director, Division of Juvenile Services f) Director of Residential and Clinical Services g) Child Advocacy Center h) Employees i) Morton County States Attorney j) Morton County Victim Witness Coordinator <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.321(a). YCC's 3C-4 PREA Policy states it is responsible for conducting administrative</p>

sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The North Dakota Department of Social Services (DSS), the Morton County States Attorney's Office, and the ND Highway Patrol are responsible for receiving referrals and conducting criminal sexual abuse and sexual harassment investigations. To the extent that YCC is responsible for investigating allegations of sexual abuse, the agency follows the ND Uniform Evidence Protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. A review of the ND Uniform Evidence Protocol suggests that there is sufficient technical detail to aid responders in obtaining usable physical evidence.

It confirms that staff must assure that all necessary measures are taken to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. In interviews with employees, the procedures to protect a crime scene were described by separating the victim and alleged abuser, securing the area and evidence, posting a staff member at the scene to remain there until the area is secured or until the crime scene has been turned over to investigating authorities. If the abuse occurred within a time period that still allowed for the collection of physical evidence, employees reported that they would request the alleged victim and alleged abuser do not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

115.321(b). The protocol is developmentally appropriate for youth and reflects 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,". Interviews with employees suggest that there was a general knowledge of who oversees sexual abuse investigations for YCC.

Employees reported knowing how to preserve evidence to aid responders in collection of usable physical evidence, indicating that the safety of the residents was a top priority. YCC policy allows residents to have a victim advocate to accompany them at any time. If requested by the resident, advocates may accompany them to provide support throughout the process. Victim advocacy services posters are posted throughout the facility and visible during the on-site review.

115.321(c). ND Uniform Evidence Protocol states that under the authority of an external investigator (such as local law enforcement) that measures taken may include ensuring the resident victim receives timely, unimpeded access to emergency medical treatment whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. The DJS Director, Director Safety and Security and PREA Compliance Manager reported that forensic examinations are performed by the local hospital by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) at the local hospital, which is a nationally accredited Child Advocacy Center that provides medical evaluations for children who may be victims of abuse and neglect. YCC policy and services contract with CAC allows residents to obtain these medical and forensic exams without

financial cost.

115.321(d). YCC provides residents with access to outside victim advocates for emotional support services related to sexual abuse, as stated in the 3C-4 PREA policy, the CAC services contact and Resident Handbook which provides contact information.

115.321(e). As requested by the victim, the victim advocate, a qualified agency staff member, or a 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, and this was confirmed through document review and interviews.

115.321(f). To the extent that YCC it not responsible for investigating allegations of sexual abuse, it requests that the NDHP, as the investigating agency follow the requirements of paragraphs (a) through (e) of this section, and the Auditor reviewed associated documentation that confirmed this. The language of YCC's contract with the CAC which extends until 10/31/2020 and the MOU between NDDOCR and NDHP dated 8/6/2020, in combination with the ND Uniform Evidence Protocol Policy, makes it clear that YCC and its external investigating agency follow PREA Standards 115.321 and 115.371.

The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.321(a-f).

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.322 Policies to ensure referrals of allegations for investigations-</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA Policy b) Documents from Administrative Inquiries c) MOU NDDOCR/NDHP d) ND Sexual Assault Collection of Evidence Protocol <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director b) Director Safety and Security c) Quality Assurance Manager d) Director, Division of Juvenile Services e) PREA Compliance Manager f) Morton County States Attorney <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.322 (a). In the YCC 3C-4 PREA policy the agency’s investigative policy describes the role of YCC to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment; it defines the role of YCC in the investigative process. The policy requires staff to immediately report any allegation of abuse, neglect, or sexual harassment to the next level of supervision who then immediately informs the facility’s Director, the appropriate supervisory staff, and the PREA Compliance Manager. In interviews, all employees knew they were mandated reporters under the ND Mandatory Reporting of Suspected Child Abuse and Neglect North Dakota law which mandates the reporting of suspected child abuse and neglect, and indicates that Pursuant to N.D.C.C. § 50-25.1-03 and N.D.C.C. § 50-25.2-03, the following persons are required to make a report when</p>

they have knowledge or reasonable cause to suspect abuse or neglect: physicians, nurses, dentists, optometrists, medical examiners, coroners, any other medical or mental health professionals, religious practitioners of healing arts, school teachers or administrators, school counselors, social workers, providers of daycare or any other care, law enforcement officers.

The Auditor reviewed all documentation associated with two allegations that were described as having “the potential to rise to sexual harassment or sexual abuse” as defined by PREA as reported by YCC in 2019 and 2020, and aggregate documentation on the 10 allegations reported in the past 12 months. The Annual YCC PREA report is posted on the webpage. The Auditor reviewed the 2019 allegation that was substantiated to be resident to resident sexual harassment which did NOT include a preponderance of evidence that a crime had been committed; it was therefore investigated internally. The 2020 allegation was determined by YCC PREA Compliance Manager and the Facility Director to require an external investigation by the NDHP. The Auditor interviewed the PREA Coordinator, PREA Compliance Manager, the States Attorney and reviewed associated documentation of both allegations, the Auditor found the internal and external investigation documents to be comprehensive, organized, and signed with time/date stamps. This suggests that the policy guiding investigations into allegations is closely followed by YCC staff, the PREA Compliance Manager, PREA Coordinator, Facility Director, NDHP, Morton County States Attorneys office.

115.322(b). 3C-4 PREA policy describes how the facility is responsible to report allegations of sexual abuse and sexual harassment to NDHP and defines their role in the investigative process. The 3C-4 PREA Policy is posted in its entirety on the agency/facility web page. <https://www.docr.nd.gov/prea-information/youth-prea-report>

115.322(c). YCC policy describes the responsibilities of both the agency and the investigating entity; it requires all sexual abuse allegations to NDHP and requires sexual harassment allegations be investigated using the YCC’s Internal Administrative procedures (unless they are criminal in nature). During interviews, the facility Director, the Director Safety and Security, the Director of Residential and Clinical Services, PREA Compliance Manager and PREA coordinator, confirmed their specific roles in conducting Administrative Inquiries for allegations of sexual harassment, their signatures and/or names were mentioned on documentation related to internal PREA investigations.

115.322(d). The North Dakota Highway Patrol and the States Attorney’s office are the state entities responsible for conducting criminal investigations and is outlined in policy

115.322(e). There is no Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment at YCC so this provision does not apply. N/a

The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.322.

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.331 Employee training</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <p>a) 3C-4 PREA Policy</p> <p>b) Training documentation, training PowerPoints New Employee Orientation, On-line and in-person training curriculum, PREA employee participation records and signature pages.</p> <p>2. Interviews:</p> <p>a) Facility Director</p> <p>b) Director Safety and Security</p> <p>c) PREA Coordinator</p> <p>d) Director, Division of Juvenile Services</p> <p>e) PREA Compliance Manager</p> <p>f) Employees</p> <p>g) Quality Assurance Manager</p> <p>h) HR staff</p> <p>i) Training Staff</p> <p>3. Site Review Observations:</p> <p>a) Informal interviews during site review</p> <p>115.331(a-b). 3C-4 PREA policy requires that employees who may have contact with resident shall receive documented training that addressed sexual abuse and harassment and that when a staff member transfers from the YCC Program to another agency program, additional training to cover gender-specific needs for female residents shall be provided to meet the unique needs, attributes and genders of the residents. Training materials reiterate the agency's zero-tolerance policy in regards to sexual harassment and sexual abuse. This policy requires all employees who have who have contact with residents to complete and document</p>

the PREA training.

The Auditor reviewed YCC's training curriculum which includes: definition of terms related to sex abuse and harassment, review of roles, how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; Resident's right 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 treatment programs; 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; How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming residents; How to comply with laws related to mandatory reporting of sexual abuse to outside authorities; Relevant laws regarding the applicable age of consent; How to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible consistent with security needs.

115.331(c-d). 3C-4 PREA policy refers to staff training in A.2 and 5.E. The North Dakota Youth Correctional Center shall provide continual education of staff and juveniles to increase awareness of safe reporting mechanisms and available services to victims; thereby, creating facility cultures that discourages sexual abuse and sexual harassment.

Randomly selected YCC employee files were reviewed for PREA training documentation. All files contained documentation of the training as per the PREA Standards which was signed by the employee indicating they received and understand this information; training forms were dated within the last six months. Documentation of the initial PREA training was present in the files for recently hired employees.

Every employee interviewed by the Auditor reported to have completed the PREA training curriculum upon hire and annually, and described the training and their responsibilities. The YCC Training Director facilitates the New Employee Orientation (NEO) at Central offices in Bismarck, ND on the first day of employment. The PREA Compliance Manager reported that an in-depth (new employee) PREA specific training is completed at YCC campus prior to working a shift, and that the most recent PREA trainings occurred in 2020 for all employees. This was evidenced employee signatures in files indicating their attendance at these trainings and reviewed by the Auditor. The PAQ reports that each employee is required to sign the signature page. The Auditor reviewed NEO training curriculum, PREA curriculum and the Moss Group curriculum that covers multiple PREA areas.

The policies, practices and interviews of residents and employees support the finding that

YCC meets the standard 115.331(a-d).

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.332 Volunteer and contractor training</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA Policy b) Training documentation and attendance records c) Volunteer Training Curriculum d) PREA Compliance Acknowledgement for supervised or escorted contractors and volunteers e) Volunteer and contractor files <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director b) Director Safety and Security c) PREA Compliance Manager d) Director of Residential and Clinical Services <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.332(a-c). The 3C-4 PREA Policy addresses volunteer and contractor training for those who may have contact with residents by requiring that YCC train all volunteers and contractors who have contact with juveniles on their responsibilities. The volunteers and contractors must sign the PREA training document prior to contact with juveniles. All volunteers and contractors who have contact with juveniles shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. YCC shall determine the level and type of additional training required for volunteers and contractors based on the services they provide and level of contact they have with juveniles. The Auditor examined the administrative files for volunteers. Although there were no volunteers or contractors available at the YCC Facility during the onsite review due to Covid-19 restrictions, the PREA Compliance Manager reported that volunteers would never be alone</p>

with residents, as per the supervision policy and do not conduct therapy or counseling with residents.

The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.332(a-c).

115.333 Resident education
Auditor Overall Determination: Meets Standard
Auditor Discussion
<p>Meets: Standard 115.333 Resident Education</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA Policy b) Resident Files c) Intake Checklist Forms d) Resident Handbook e) Resident Safety Guide <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director b) Juvenile Institutional Resident Specialist -Mock Intake c) PREA Compliance Manager d) Residents e) Employees <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.333(a-b). According to 3C-4 policy, there are multiple ways that residents receive a documented orientation and comprehensive education that addresses the subject zero tolerance of child abuse, neglect and sexual harassment. The intake begins upon the arrival of a resident and education occurs during the time of orientation. The Juvenile Institutional Resident Specialist (JIRS) Intake staff performed a mock Resident Intake which demonstrated how residents are educated on the right to be free from sexual abuse and sexual harassment, be free from retaliation for reporting such abuse and how to report. Residents receive and sign the zero tolerance policy and how to report incidents or suspicions of abusive, neglect or sexual harassment, and they are given a Safety Guide to read, which is designed to be developmentally appropriate for residents.</p>

During the on-site review, the Auditor observed facility displays several posters, handbooks and other visual reminders of residents' right to be free from sexual abuse and sexual harassment in all main areas.

Every resident interviewed reported receiving this education from multiple people at intake, within a few hours of their arrival. Residents reported discussing this same information and viewing a PREA video shortly after their stay. It was clear the residents understood their rights to be free from sexual harassment and sexual abuse, and described how to report in multiple ways.

The auditor randomly selected resident files and compared the resident intake date with the date the PREA Education was provided (resident signature) and all of them were given this information within the first 24 hours, and typically within the first few hours of arriving in the program.

115.333(c-f). YCC staff who were interviewed reported that although there were currently no residents with limited English proficiency, deafness, visually impairment, they would approach resident education on a case-by-case basis in order to meet this provision of the standard.

Resident files reviewed demonstrated that the agency maintains documentation of resident participation in these education sessions; each containing a signed checklist acknowledging they understand their rights to be free from sexual abuse and harassment and how to report.

Residents interviewed by the Auditor all reported being educated on PREA, receiving a Resident Handbook and watching a PREA Video.

The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.333 (a-f).

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.334 Specialized training: Investigations</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA Policy b) Documents from YCC Investigations c) DOCR’s Investigator Training Curriculum d) Personnel training records <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director b) Director Safety and Security c) PREA Compliance Manager d) PREA Coordinator e) Trained Investigators <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.334(a-d). YCC does not investigate criminal sexual abuse.</p> <p>3C-4 PREA Policy states: The Director of the North Dakota Youth Correctional Center or designee shall notify law enforcement (North Dakota Highway Patrol) when incidents meet the evidentiary standard of a preponderance of the evidence and the incident qualifies as a crime under North Dakota Century Code.</p> <p>To the extent that YCC is responsible for investigating allegations of sexual abuse and sexual harassment, YCC follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The Specialized Training for investigators contains nine modules and includes content on PREA standards relating to investigations; case law demonstrating legal liability issues for</p>

agencies, facilities, and investigators to consider when working to eliminate sexual abuse and sexual harassment in confinement settings; proper use of Miranda and Garrity warnings; trauma and victim response; processes of a forensic medical exam; first-response best practices; evidence-collection best practices in a confinement setting; techniques for interviewing male, female, and juvenile alleged victims of sexual abuse and sexual harassment; report writing techniques; and information on what prosecutors consider when determining whether to prosecute sexual abuse cases. The Auditor found that the curriculum of Specialized Training on Investigating Sexual Abuse in Confinement Settings is designed to address the requirements outlined in the Prison Rape Elimination Act (PREA) standard 115.34/.134/.234/.334 requiring specialized training for individuals tasked with investigating alleged incidents of sexual abuse in confinement settings. Additionally, this curriculum contains the information fundamental to understanding the concepts required by PREA standard 115.34/.134/.234/.334 and best practice in investigating incidents of sexual abuse.

The Auditor reviewed the documentation from several investigations conducted at YCC which were all conducted by staff members who have complete PREA investigation training, including the PREA Compliance Manager who is responsible for that duty. Upon review of the employee training files the Auditor found the appropriate documentation (certificates of completion) for the two YCC investigators who participated in the training in 2016 and 2020.

The Auditor interviewed the PREA Coordinator for DOCR and confirmed that she is the trainer of the Specialized Training and that the training meets the requirements of the PREA Standards of 115.334 and 115.371. She confirmed participation of the YCC PREA Compliance Manager in 2020.

The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.334(a-d).

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets Standard 115.335 Specialized training: Medical and mental health care</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA Policy b) Employee and contractor training files c) YYC Training Records <p>2. Interviews:</p> <ul style="list-style-type: none"> a) PREA Compliance Manager b) HR Staff c) Nurse d) Director of Resident Care and Clinical Services e) Director of Nursing <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>There are no staff at YCC who conduct forensic medical examinations. YCC documentation in files for the Director of Resident Care, Director of Nursing, and Clinical Services and Psychiatric Nurse Practitioner and Auditor interviews confirmed attendance in the general PREA training and have received Medical Health Care for Sexual Assault Victims in a Confinement Setting.</p> <p>The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.335.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.341 Screening for risk of victimization and abusiveness</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA b) Screening and Intake Assessment Tools and Intake Forms c) Resident Intake and Files <p>2. Interviews:</p> <ul style="list-style-type: none"> a) PREA Compliance Manager b) Director of Resident and Clinical Services c) Employees d) Residents <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.341(a-c). It is the policy of YCC to conduct assessments of residents to reduce the risk of sexual abuse by or upon the residents, and this is outlined 3C-4 PREA policy, which states that upon admission, staff shall complete the Sexual Victimization and Abusiveness Risk Assessment form (SVARA) specifically to determine juveniles' vulnerability to sexual abuse and sexual harassment. The PAQ indicates that 100% of 131 residents were screened within 72 hours of admission. The SVARA was reviewed by the Auditor and found to be an objective assessment tool using questions to determine potential victims and potential perpetrators. The questions contained on this form also measure a resident's potential vulnerability for abuse and the potential for being a perpetrator of abuse based on staff observations.</p> <p>The tool includes the following PREA criteria: (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</p>

development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The 3C-4 PREA policy requires that as part of the initial treatment plan and continuing review and update process, placement and programming assignments of all residents shall be reassessed to review any threats to safety experienced by the resident and this was confirmed by the Director of Resident and Clinical Services.

115.341.(d). The staff conducting the intake and completing the SVARA does so through conversations with the resident during the intake process and by reviewing relevant documentation from the new resident's case record. During the intake process medical and mental health screenings occur to gather more information by reviewing court records, case files, facility behavioral records, and other relevant documents. Residents who are admitted for detention may not have detailed information and case files available.

Twelve resident files were selected, including files of residents who were interviewed by the Auditor and random files. In each resident file, the Intake and screening forms were available for review, signed by JIRS, nurses and mental health staff and residents within the 72 hour time frame, but typically on the same day.

During Auditor interviews, JIRS confirmed the practice of this assessment during intake within the first 72 hours of admission. JIRS met with the Auditor and demonstrated the intake interview with a resident and reviewed each document and the collateral information (e.g. case files, court records, and psychological reports when determining risk) with the Auditor. Residents confirmed to the Auditor that they were asked these specific assessment questions during intake to the facility.

115.341(f). The JIRS who are the primary intake staff at YCC confirmed the limits placed on the dissemination of information contained in the assessment tools and reported that only enough information to achieve the goal of keeping all residents safe and free from sexual abuse was shared between staff. The Auditor confirmed that access to resident files was limited to JIRS, the Case Managers, Director of Resident and Clinical Services (the treatment team).

The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.341(a-f).

115.342	Placement of residents
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Meets: Standard 115.342 Use of screening information</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA Policy b) Completed Screening and Intake Forms c) Resident Intake and Case Management Files <p>2. Interviews:</p> <ul style="list-style-type: none"> a) PREA Compliance Manager b) Director of Resident and Clinical Services c) Case Managers d) Employees e) Residents <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.342(a). The 3C-4 PREA policy instructs employees to conduct assessments of residents to reduce the risk of sexual abuse by or upon the residents. It indicates that staff shall assign juveniles who demonstrate potentially sexually aggressive or assaultive behavior or who are at risk for sexual victimization in single rooms and take measures to ensure those juveniles shower alone, dress and undress alone, and go to the bathroom alone. Decisions on placement are not based on sexual orientation or gender identity. All employees interviewed who are part of the Intake and treatment team staff, were asked by the Auditor to describe the intake process, how the treatment team gathers and uses the screening information to determine safety of each resident.</p> <p>115.342(b) The facility does not have a policy that address the use of isolation because the facility does not have isolation rooms or housing. The PAQ reports no use of isolation during the past year. This was confirmed by interviews with the PREA Compliance Manager, Director Safety and Security, Director and staff. A resident's room could be used temporarily in an</p>	

extreme emergency to isolate the youth for safety, however only for short periods of time, with 10 minute staggered checks to engage residents in efforts to manage their behavior. The girls cottage has a "Relaxation Corner" that is furnished with soft furniture, bright colors and a calming environment. This type of setting in 2 other cottages was not observed. Staff reported that youth can ask for room time to self-regulate their behaviors.

During the pandemic, YCC adopted new protocols promulgated by the CDC and the NDDOCR in response to Covid-19. To prevent the spread of the virus, new protocol requiring the quarantine of residents upon arrival went into effect in March of 2020, which by its very nature requires the isolation of new residents. Brown Cottage only had one resident at the time of the on-site review and there were no females in quarantine. In Pine Cottage, several males were in quarantine which required some room time until a negative covid-19 test, followed by physical and social distancing for 14 days. YCC is managing the quarantine phase so as not to cause extreme isolation of new residents. There were no residents or staff at the time of the on-site review who had tested positive for Covid-19.

115.342(c-d). The 3C-4 PREA Policy prohibits the placing of residents in particular bed, programming or other assignments solely based on resident's identification of being lesbian, gay, bisexual, transgender or intersex. The policy clarifies such determinations will be made on a case by case basis. It also prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Additionally, the policy requires that considerations are made on a case-by-case basis whether assigning a transgender or intersex resident to a facility for male or female residents (and in making other housing and programming assignments) would ensure the resident's health and safety, and whether the placement would present management and security problems. Currently the population at YCC is low enough to allow for single-occupancy rooms.

The Auditor interviewed residents, none of whom reported that they felt they had been placed into a unit based solely on sexual identity.

115.342(e-f). Interviews with employees, the PREA Compliance Manager and Director of Resident and Clinical Services indicated that staff are communicating regularly about safety concerns related to residents. Residents are reassessed on an on-going basis and if necessary every 30 days as part of their treatment plan to review any threats to safety experienced by the resident and educational and treatment progress. Residents reported that they participate in the treatment planning and evaluation monthly.

115.342(g). Transgender and intersex residents shall be given the opportunity to shower separately from other residents. Individual shower stalls with shower curtains were observed in the bathroom areas during the facility tour. Each resident interviewed reported being able to shower individually and privately without being viewed by employees or residents.

115.342(h-i). All employees interviewed reported that isolation is not currently used for any resident. All of the residents interviewed reported they had not been held in isolation ever or witnessed anyone being held in isolation.

The policies, practices and interviews of residents and employees support the finding that

YCC, YCC meets the standard 115.342(a-j).

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.351 Resident reporting</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA Policy b) 3C-1 Rights c) Grievance Form d) New Grievance Procedures e) Sample Grievance f) Resident Handbook <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director b) Director Safety and Security c) Quality Assurance Manager d) PREA Compliance Manager e) Residents f) Employees <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.351(a). There are numerous ways for residents to privately report sexual abuse or sexual harassment that are detailed in the 3C-4 PREA policy which states that reporting can be done verbally to any staff member or outside source; and in writing via a grievance or a PREA 3rd Party Reporting Box.</p> <p>Instructions for PREA reporting are found in policy, the Resident Handbook, the Safety Guide, in the PREA video and on posters throughout the YCC Facility.</p>

All residents interviewed by the Auditor described the various methods they would use to report sexual harassment, neglect or abuse of any kind, as well as any retaliation; some of those responses included: calling a parent or a lawyer, contacting staff, filing a confidential grievance or telling their case manager

115.351(b). YCC provides at least one way for residents to report abuse or harassment (and allows the resident to remain anonymous upon request) to a public or private entity or office that is not part of the agency. The Children's Advocacy Center is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials. This is done via the PREA 3rd Party Reporting Box or the grievance box located in each cottage. During interviews with the Auditor, each resident reported they could make a confidential report if they needed to and described being able to use the phone in private if they asked staff to dial the number of an adult on their approved contact list. YCC does not house residents detained solely for civil immigration purposes, and therefore does not provide the contact information for the Department of Homeland Security.

115.351(c). All employees with YCC are mandated reporters and required to take immediate action to protect a victim upon receiving such reports in writing, anonymously, or by a third party. The 3C-4 PREA policy states that Staff shall accept reports made verbally, in writing, anonymously, and from third parties and immediately enact corrective actions that offer the victim protection, documenting those actions, then reporting to the next higher supervisor who reports immediately to the PREA Compliance Manager and facility director. This policy mandates the 960 report to be filed at the discretion of the YCC Facility Director; it requires that staff complete an Incident Report, a Risk Management Incident Report, and a Sexual Incident Review Form by the end of the employees work shift. This same policy mandates the reporting of such an incident be made by all employees. Every staff who was interviewed by the auditor identified themselves as mandated reporters of abuse and neglect; they described that they were required to take immediate action to offer the victim protection and report to a supervisor, and complete the appropriate paperwork.

115.351(d). The YCC 3C-1 Statement of Juvenile Rights Policy outlines the Grievance Policy and states the Grievance process is posted in the housing units and included in the resident handbook (PbS Justice). Grievance forms are located in each living unit and are readily accessible to juveniles. Completed grievance forms will be placed in an envelope and sent to the Grievance Coordinator in the cottage mail. Cottage staff does not have access to completed grievance forms. Staff shall inform all juveniles of their right to file a grievance without retaliation. Juveniles may utilize the grievance process for other juveniles. The Auditor observed the strategically placed grievance boxes during the on-site review.

115.351(e). The 3C-4 PREA J.3. states that staff may also utilize the PREA box for anonymous third-party reporting. This was confirmed by staff during interviews.

The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.351(a-e).

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.352 Exhaustion of administrative remedies</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA and Grievance Policy b) 3C-1 Juvenile Rights and Grievance Procedures c) Grievance Reporting form d) Resident Handbook <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director b) Director Safety and Security c) PREA Compliance Manager d) Staff e) Residents f) Director of Resident and Clinical Services. <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.352(a). YCC 3C-4 PREA Policy J. 4. States that there is no time limit when a juvenile may submit a grievance regarding an allegation of sexual abuse. Juveniles are not required to use an informal grievance process or to otherwise attempt to resolve with staff an alleged incident of sexual abuse. The YCC shall conduct and document an investigation whenever sexual abuse or sexual contact has been alleged, has been threatened, or has occurred.</p> <p>If there is an allegation that a juvenile was sexually abused or harassed while in custody at another facility, the head of the YCC shall notify the appropriate contact at the facility the sexual abuse is alleged to have occurred within 72 hours. The head of YCC shall notify the appropriate investigative agency (NDHP) and submit a Risk Management Incident Report form</p>

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All staff who were interviewed described these practices as per YCC, policy.

115.352(b. 1-4;-c.1-2). YCC's Grievance policy expressly states that no time limit restricts when a resident can submit a grievance. Further it states that first residents should attempt to resolve the issue informally with the other individual involved. Then, if the attempt to resolve the issue informally fails, residents are advised to discuss the matter with their case manager or program director if they are not the subject of your complaint; a grievance may be filed if informal resolution ultimately, fails. Situations alleging abuse may be filed without informal resolution attempts. Situations alleging abuse may be addressed in alternative ways other than a grievance (reporting to staff, PREA 3rd Party Reporting Box, etc.).

To file a grievance, residents must complete a grievance form – obtain the signature of the individual you attempted to informally resolve the issue with if the issue does not allege abuse. Seal the completed grievance in an envelope and write "Grievance" on the envelope. Give the sealed envelope to staff to place in the cottage mail bag. The Grievance Coordinator (PREA Compliance Manager) will respond to within 3 business days of receipt of the grievance. The Grievance Coordinator will issue a finding in writing within 15 days of receipt of the grievance.

115.352(d.1-4). YCC has received no grievances alleging sexual abuse over the past 12 months. The YCC policy 3C-1 allows third parties, including staff members, family members, or legal representatives may assist juveniles in filing grievances relating to allegations of abuse or neglect, and to file such requests on behalf of juveniles. If the juvenile declines to have third-party assistance in filing a grievance alleging abuse or neglect, the North Dakota Youth Correctional Center documents the juvenile's decision to decline. The parents or legal guardian of a juvenile may file a grievance alleging abuse or neglect, including appeals, on behalf of the juvenile, whether or not the juvenile agrees to have the grievance filed on his or her behalf. Emergency grievances alleging substantial risk of imminent abuse or neglect require an initial response within 48 hours. Emergency grievances alleging substantial risk of imminent abuse or neglect require a final agency decision be issued within five days 8. The Grievance Coordinator initiates an investigation for those grievances that merit such action. The investigation includes a review of all pertinent written material and interviews of anyone who witnessed the incident or has pertinent information relating to the incident. The Grievance Coordinator has 15 working days to give a written response to the juvenile submitting the grievance. If the decision is in favor of the juvenile, the Director of North Dakota Youth Correctional Center takes the necessary steps to correct the situation. If the juvenile wishes to appeal the decision, an appeal is forwarded to the Director of the Division of Juvenile Services. The Director of the Division of Juvenile Services reviews the material, investigates the circumstances, and responds to the juvenile, in writing, within 15 working days. The Grievance Coordinator or designee meets with the juvenile within 2 weeks after resolution to ensure that the problem remains resolved. In the event that a youth's grievance about staff mistreatment is founded, the Grievance Coordinator routes the issue to the staff's supervisor for appropriate counseling and/or discipline. A juvenile who files a grievance alleging abuse or neglect, but it is demonstrated that the juvenile filed a grievance in bad faith, is not disciplined beyond a false reporting sanction. The Grievance Coordinator maintains written documentation of actions taken to resolve the grievance. Supporting documentation (e.g., requests for maintenance repairs, logs of services accessed, etc.) are copied and attached to the grievance form.

The policy requires the Program Coordinator/Director Safety and Security to provide an initial

response within 48 hours. The final decision will be made and documented within 5 days of receiving the grievance. If the complaint is resolved, the Grievance Form shall be filed in the chart of the resident. Also, a copy shall be given to the resident and to the Program Coordinator.

The grievance system at YCC is designed to protect victims from imminent or potential sexual abuse or further victimization by being easily accessible in the main areas of the cottages and is monitored by staff everyday. Although the YCC Facility has not had any grievances filed alleging sexual abuse, the facility appears prepared for such an incident.

115.352(e.1-4). Both the Resident Handbook and the Grievance Policy state that in the event a resident or other responsible third party such as a parent or guardian or advocate suspects a resident is at substantial risk of imminent physical or sexual abuse, that resident or responsible party is encouraged to make an emergency grievance. An emergency grievance may be submitted in any form including but not limit to letters, emails, texts messages, telephonically or other reliable form of communication.

Staff interviews confirmed that the grievance system is reviewed in multiple ways during intake with residents and parents/guardians. During Resident interviews, most residents reported that they knew their parents/guardians could make a PREA complaint on their behalf. YCC allows fellow residents, staff members, family members, attorneys, and outside advocates to assist residents in filing formal complaints relating to allegations of sexual abuse and to file formal complaints relating to allegations of sexual abuse on behalf of residents. A parent or legal guardian of a resident is allowed to file a formal complaint, including appeals, on behalf of such resident regardless of whether or not the resident consents. This was confirmed by policy review and interviews.

The PAQ indicated that there were no third-party reports alleging sexual abuse in the past year.

115.352(f.1-2). The Grievance Policy states that any formal complaint regarding sexual abuse will be reported to the next level of supervision and forwarded to external investigators.

115.352(g). 3C-1 PREA policy states that a juvenile who files a grievance alleging abuse or neglect, but it is demonstrated that the juvenile filed a grievance in bad faith, is not disciplined beyond a false reporting sanction.

The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.352(a-g).

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.353 Resident access to outside confidential support services</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA Policy b) CAC Contract c) MOU d) YCC website <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director b) Director Safety and Security c) Director, Division of Juvenile Services d) PREA Compliance Manager e) CAC f) Residents g) Staff <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.353(a). The 3C-4 PREA policy and the YCC resident safety guide provides residents with information on how to confidentially report a PREA allegation and the right to victim advocates.. There are posters throughout the facility that display this information and the agency website details residents' rights to outside victim advocates.</p> <p>115.353(b). The limits to confidentiality are disclosed to all residents with the person taking the report. Residents reported that they understand that staff are mandatory reporters, and all</p>

reports of abuse or neglect are forwarded to law enforcement in accordance with mandatory reporting law in ND.

115.353(c). The Director Safety and Security and PREA Compliance Manager consistently reported that if sexual abuse were to occur, the agency would work with CAC and Morton County Victim Witness Advocate to provide residents with confidential emotional support services related to sexual abuse. The Auditor reviewed contract for services which demonstrates the role and responsibilities of the CAC toward the YCC's residents.

115.353(d). The policy 5D-2 Telephone services outlines the residents access and use of the telephone. None of the residents who were interviewed reported having an attorney but understood that if they wanted to speak to a lawyer, parent, or victim advocate that they could ask the staff for privacy and it would be granted. All residents who were interviewed reported that the program allows routine access to visitors/parents/guardians, although because of Covid-19 protocols in-person visits were prohibited since March 2020. Visiting hours for the program typically occur weekly according to staff however, video visits and phone calls between residents and family were occurring with more frequency and also during the week. Staff described their practice of giving residents audio privacy while maintaining visual supervision to maintain safety. The Auditor contacted the CAC to confirm the contract for services.

The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.353(a-d).

115.354	Third-party reporting
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 863 360">Meets: Standard 115.354 Third-party reporting</p> <p data-bbox="252 405 1262 439">The following evidence was analyzed in making the compliance determination</p> <p data-bbox="252 472 1046 506">1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="252 551 568 584">a) 3C-4 PREA Policy <li data-bbox="252 618 612 651">b) CAC service contract <li data-bbox="252 685 501 719">c) YCC website <p data-bbox="252 842 424 875">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="252 909 536 943">a) Facility Director <li data-bbox="252 976 699 1010">b) Director Safety and Security <li data-bbox="252 1043 699 1077">c) PREA Compliance Manager <li data-bbox="252 1111 392 1144">d) CAC <p data-bbox="252 1279 628 1312">3. Site Review Observations:</p> <ul style="list-style-type: none"> <li data-bbox="252 1346 804 1379">a) Informal interviews during site review <p data-bbox="252 1503 1477 2007">115.354. The 3C-4 PREA policy states: " Every cottage must have a locked PREA box that cannot be opened by staff. Juveniles shall have access to this box every day in a location that is not viewed by staff. Staff shall check the box daily to see if there is documentation inside the box. If there is documentation inside, staff shall notify the PREA Compliance Manager or Prison Rape Elimination Act investigators immediately. The notified party shall take the locked box to a contracted independent advocacy center, where the advocacy center shall unlock the box and begin the advocacy process. 2. Juveniles may utilize a third-party reporting system. Juveniles may report to other juveniles, staff members, family members, and attorneys. Juveniles may report anonymously using outside advocates to assist in filing requests for administrative remedies relating to allegations of sexual abuse. The outside advocates may file such requests on behalf of the juvenile. 3. Staff may also utilize the PREA box for anonymous third-party reporting."</p> <p data-bbox="252 2040 1417 2119">The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.354.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.361 Employee and agency reporting duties</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA Policy b) Documents from Investigations c) N.D.C.C. § 50-25.1-03 and N.D.C.C. § 50-25.2-03 d) YCC website <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director b) Director Safety and Security c) Director, Division of Juvenile Services d) PREA Compliance Manager e) Residents f) Employees <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.361(a). The 3C-4 PREA policy addresses the employee and agency reporting duties and mandates all employees who suspect, experience, observe, or become otherwise aware that a resident has been abused at in any way, or sexually harassed will “report immediately” the information, and according to outline procedures. This also applies to those who are subject to substantial risk of imminent sexual abuse. It requires employees to report any neglect or violation of responsibilities which may have contributed to an incident of retaliation. It requires the reporting of incidents which may have occurred outside of the agency. Retaliation towards any resident or employee for reporting physical abuse, sexual abuse and harassment of victims is prohibited by 3C-4 PREA policy.</p>

The auditor's review of employee training curriculum and documentation found in personnel files reflected the participation of each employee selected for review and a training curriculum that included detailed reviewed of staff reporting duties/procedures. Staff responded consistently to the Auditor throughout each interview with specific details on their participation in the training including when, how and who they would report abuse. All staff responded that they would report "immediately" and not delay reporting until the end of the shift or wait until the next day. The PREA Compliance Manager reported that staff training and policy requires staff to immediately report such incidents to their next level supervisor who when immediately informs the Facility Director, PREA Compliance Manager and Director of Safety and Security.

115.361(b). Employee training includes instruction on the mandated reporting requirements as set forth in the ND Mandatory Reporting of Suspected Child Abuse and Neglect law which mandates the reporting of suspected child abuse and neglect, and indicates that Pursuant to N.D.C.C. § 50-25.1-03 and N.D.C.C. § 50-25.2-03.

115.361(c). The 3C-4 PREA Policy states that YCC shall implement appropriate controls to limit the use of information related to sexual abuse or sexual harassment that occurred in an institutional setting only to inform security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or to perform functions required by federal, state, or local law. Specifically, G.2. states that "information provided in confidential communications to staff shall be shared only in accordance with state statute, ethical standards, and department policy."

115.361(d.1-2). Training for medical and mental health staff includes instruction on the mandated reporting requirements as set forth in the ND Mandatory Reporting pursuant to N.D.C.C. § 50-25.1-03 and N.D.C.C. § 50-25.2-03.

115.361(e.1-2). YCC 3C-4 states that staff shall inform the parent and or legal guardian of the resident and the cottage Program Director shall notify the juvenile's lawyer, if applicable.

The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.361(a-e).

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.362 Agency protection duties</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA Policy b) Documents from Investigations <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director b) Director Safety and Security c) Director, Division of Juvenile Services d) PREA Compliance Manager e) Morton County States Attorney f) Employees g) PREA Coordinator <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.362(a). YCC 3C-4 PREA policy 5.D. states that “If the North Dakota Youth Correctional Center learns that a juvenile is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the juvenile. Staff shall use one-on-one supervision to protect vulnerable juveniles, if necessary.”</p> <p>Additionally, Staff must complete the Risk Management Online Incident Reporting form within 24 hours of notification of the incident.</p> <p>In the interviews, the YCC employees were knowledgeable in their responsibilities if a threat of imminent sexual abuse was received and described the immediate protection they would offer an alleged victim. Many responded that they would keep the victim separate from the alleged</p>

abuser, notify the supervisor and the PREA Compliance Manager, provide comfort to the victim, and document the incident

The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.362.

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.363 Reporting to other confinement facilities</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <p>a) 3C-4 PREA Policy</p> <p>2. Interviews:</p> <p>b) Facility Director</p> <p>c) Director, Division of Juvenile Services</p> <p>d) PREA Compliance Manager</p> <p>3. Site Review Observations:</p> <p>a) Informal interviews during site review</p> <p>115.363(a-d). The YCC 3C-4 PREA policy H.1.B outlines actions if there is an allegation that a juvenile was sexually abused or harassed while in custody at another facility, by requiring the head of the YCC to notify the appropriate contact at the facility the sexual abuse is alleged to have occurred within 72 hours. Additionally, the head of the North Dakota Youth Correctional Center shall notify the appropriate investigative agency and submit a Risk Management Incident Report form 50508. 2. B-C. states that the Director of YCC may notify law enforcement at any point before an incident is substantiated and shall notify law enforcement (North Dakota Highway Patrol) when incidents meet the evidentiary standard of a preponderance of the evidence and the incident qualifies as a crime under North Dakota Century Code. The PREA Compliance Manager indicated in the PAQ that in the past 12 months there were 2 reports that were reported.</p> <p>The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.363 (a-d).</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.364 Employee first responder duties</p> <p>115.364(a-b). The 3C-4 PREA policy outlines responsibilities of the YCC employees in their responsibilities when receiving an allegation of sexual abuse. These include the following: The first staff member to respond to an incident of sexual abuse shall: 1.) Ensure separation of the alleged victim and abuser. 2.) Notify the Director of the North Dakota Youth Correctional Center and the PREA Compliance Manager. 3.) Take necessary steps to preserve the crime scene, if applicable, until evidence can be collected. 4.) If the abuse occurred within the past 120 hours, ensure that the alleged victim and abuser do not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.</p> <p>The Director of the North Dakota Youth Correctional Center may notify law enforcement at any point before an incident is substantiated. The Director of the North Dakota Youth Correctional Center or designee shall notify law enforcement (North Dakota Highway Patrol) when incidents meet the evidentiary standard of a preponderance of the evidence and the incident qualifies as a crime under North Dakota Century Code. Staff shall assist law enforcement when victims of sexual abuse and sexual harassment are referred for collection of physical evidence, physical examination, treatment, testing for sexually transmitted diseases, and counseling. This assistance includes providing transportation and security. Staff shall complete an Incident Report by the end of the shift. Staff shall inform the parent and or legal guardian of an investigation alleging abuse or harassment, and the cottage Program Director shall notify the juvenile’s lawyer, if applicable. Staff shall complete the Risk Management Online Incident Reporting form within 24 hours of notification of the incident. Staff complete a Report of Suspected Child Abuse or Neglect-960 form, if directed by the Director of the North Dakota Youth Correctional Center. Following any Prison Rape Elimination Act incident, the PREA Coordinator shall lead an incident review and generate a Sexual Incident Review Form, unless the allegation is determined to be unfounded. (PREA Standard 115.386)</p> <p>There have been 7 allegations of sexual abuse made at the YCC Facility and review of the documentation reflected an immediate response to each allegation. During interviews, the Employees clearly described their first responder duties according to the policy 3C-4.</p> <p>The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.364(a,b).</p>

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.365 Coordinated response</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA Policy b) Documents from Investigations c) NDYCC Coordinated Plan for a Response to Sexual Abuse <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director b) Director Safety and Security c) Director, Division of Juvenile Services d) PREA Compliance Manager e) Morton County States Attorney f) PREA Coordinator <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.365(a). YCC has a Coordinated response titled: NDYCC Coordinated Response to PREA Incidents. It outlines basic actions YCC would take to coordinate a response, including contacting Sanford in the event of a sexual assault to conduct SANE exam if warranted. Mental Health services are initiated through the Child Advocacy Center. The victim and any witnesses would be interviewed by the PREA Compliance Manager for administrative investigation and that information would be provided to YCC Director. If legal action is required YCC will then contact the ND Highway Patrol to conduct the investigation for prosecution. The Auditor reviewed documentation of investigations and conducted interviews with YCC staff and the Morton County States Attorney, that demonstrate the coordinated plan has been operationalized.</p> <p>The policies, practices and interviews of residents and employees support the finding that</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.366 Preservation of ability to protect residents from contact with abusers</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <p>a) 3C-4 PREA Policy</p> <p>b) Documents from Investigations</p> <p>2. Interviews:</p> <p>a) Facility Director</p> <p>b) Director Safety and Security</p> <p>c) Director, Division of Juvenile Services</p> <p>d) PREA Compliance Manager</p> <p>3. Site Review Observations:</p> <p>a) Informal interviews during site review</p> <p>115.366(a-b). YCC has not entered into any collective bargaining agreements, or into any agreements which would limit the agency/facility from removing alleged abusers from contact with residents while awaiting the outcome of an investigation. The Director confirmed this during an interview. Policy states that if there is an allegation that a juvenile was sexually abused or harassed while in custody at another facility, the head of the YCC shall notify the appropriate contact at the facility the sexual abuse is alleged to have occurred within 72 hours. The head of the North Dakota Youth Correctional Center shall notify the appropriate investigative agency and submit a Risk Management Incident Report form 50508. (PREA Standard 115.351, 115.363.</p> <p>The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.366.</p>

115.367	Agency protection against retaliation
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Meets: Standard 115.367 Agency protection against retaliation</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA Policy b) Documents from Investigations <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director b) Director Safety and Security c) Director, Division of Juvenile Services d) PREA Compliance Manager <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.367(a-e). The 3C-4 PREA policy section 4. prohibits retaliation against any resident or staff who has reported an alleged or substantiated incident of physical abuse, sexual abuse, neglect or sexual harassment and retaliation against a resident or staff who has been victimized. It requires YCC to take steps after a juvenile reports an incident to protect the reporting juvenile or staff from retaliation by other juveniles or staff. Specifically, Staff may not refer juveniles who allege sexual abuse to the staff member who is the subject of the complaint. When juveniles file grievances that involve sexual abuse or sexual harassment by a staff member, staff may not refer juveniles to the staff member who is the subject of the grievance. Staff shall report immediately any retaliation against juveniles or staff who reported an incident of sexual abuse or sexual harassment and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation. The PREA Compliance Manager shall conduct retaliation monitoring checks for at least 90 days following the report.</p> <p>Although protective measures and support services taken in retaliation cases are not listed in this policy, appropriate actions were described by the PREA Compliance Manager as housing changes, staff reassignments and resident supervision adjustments, and that in addition to preventative measures, all acts of retaliation are subject to disciplinary action. The PREA</p>	

Compliance Manager further described her responsibility to monitor and document the monitoring of such retaliation. The Auditor reviewed the form used to document retaliation and reviewed the 90-day documentation related to a specific case; it included actions taken, dates and signatures.

Based upon the YCC program philosophy, supervision, and treatment approach, staff can closely monitor residents' emotions and behaviors which reflects multiple ways to monitor for potential retaliation.

The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.367.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.368 Post-allegation protective custody</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA Policy b) Documents from Investigations <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director b) Director Safety and Security c) Director, Division of Juvenile Services d) PREA Compliance Manager <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.368 YCC does not utilize isolation/involuntary segregated housing, nor is the YCC facility designed to house residents in isolation or in segregated housing. The PAQ reported no use of isolation during the past year. This was confirmed by interviews with the PREA Compliance Manager, Director Safety and Security, Director and staff who also noted that the facility has the ability to place residents in isolation, however it could be used only as a temporary response to an emergency. According to investigative files, grievances and the annual PREA report there were no residents that require post-allegation protective custody. The auditor asked each resident about the use of seclusion and isolation, and none reported being held in isolation or seclusion, nor had they been a witness to its use.</p> <p>The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.368.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.371 Criminal and administrative agency investigations</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA Policy b) Documents from Investigations c) Correspondence from Morton County States Attorneys Office d) NDHP reports e) Coordinated Plan for a Response to Sexual Abuse <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director b) Director Safety and Security c) Director, Division of Juvenile Services d) PREA Compliance Manager e) Morton County States Attorney f) Morton County Victim Witness Advocate g) PREA Coordinator h) Director of Resident and Clinical Services i) Quality Assurance Manger <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.371(a). The YCC facility does not conduct criminal investigations; the specific role of the YCC is outlined by the 3C-4 PREA policy, that states that all inquiries into allegation will be done promptly, thoroughly and objectively, including allegations from third party and</p>

anonymous reports, and that administrative inquiries may proceed only so long as the investigator has not found a preponderance of evidence that a crime has been committed. The PREA Compliance Manager reported that all inquiries and questioning must be halted when the alleged incident is reported to NDHP for external investigation.

115.371(b). The PREA Compliance Manager, Director Safety and Security and Facility Director are responsible to ensure that investigations are completed for allegations of non-criminal sexual behavior. All reported participation in a required training for PREA investigations in a juvenile confinement setting. The auditor reviewed the training documentation in the personnel files; training subjects included these areas: Responding to Juvenile Sexual Abuse and Harassment; PREA Investigation Procedures and Documentation, Identifying your Role as PREA Investigators and the Role of Outside Investigators, Techniques for Interviewing Juvenile Sexual Abuse Victims, Proper Use of Miranda and Garrity Warnings Sexual Abuse Evidence Collection in Confinement, and Criteria and Evidence Collection for a Substantiated Case.

The Auditor contacted the person who provided this training, Maren Arbach, the PREA Coordinator for NDDOCR who confirmed she had provided this training to YCC .

115.371(c). The 3C-4 PREA policy describes the role of all staff to take measures to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence which includes posting a staff member at the scene who will remain there until the area is secured or until the crime scene has been turned over to investigating authorities. The Auditor reviewed two Investigations from 2019 and 2020. The files contained extensive documentation of interviews with alleged victims, suspected perpetrators and witnesses, any prior complaints, and notes documenting the review of camera footage.

115.371(d). The Director Safety and Security reported that investigations are not terminated solely because the source of the allegation recants the allegation, which is stated in the 3C-4 PREA policy.

115.371(e). The Director Safety and Security reported that according to policy he typically only investigates allegations as long as they are not criminal in nature even though he is a licensed peace officer.

115.371(f). The Director Safety and Security and the PREA Compliance Manager reported to assess the credibility of alleged victims or witnesses on a case by case basis, without the use of polygraphs or other truth-telling devices during the investigative process.

115.371(g1-2). 3C-4 PREA policy does not specifically state that inquiries will include an effort to determine whether staff actions or failures to act contributed to the alleged act. However, upon review of the response to a staff PREA allegation, there is an effort to thoroughly investigate and respond to PREA allegations that involved staff. The auditor noted that this allegation needs a more thorough After-Action Review as more information becomes available, and discussed this case at length with the Director, facility Director, PREA Coordinator and PREA Compliance Manager, and Human Resources. The Auditor observed evidence of staff discipline regarding this case.

115.371(h.) Although YCC, does not conduct criminal investigations the agency stays informed regarding criminal investigations conducted by the external investigative entity, NDHP and the Morton County States Attorney. The Auditor and the PREA Compliance

Manager for YCC met with the Morton County States Attorney to obtain the discovery packet for the case.

115.371(i). At the time of the PREA Audit there was 1 substantiated PREA allegation under investigation by the NDHP. The Morton County States Attorney confirmed that the conduct at the center of the investigation appeared to be criminal.

115.371(j). 3C-4 PREA Policy states that the YCC shall retain 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..

115.371(k). 3C-4 PREA policy states specifically, that the departure of the alleged abuser or victim from employment or care of the agency is never the basis for terminating an investigation. This was evidenced in the documentation of an administrative investigation which went forward even after the alleged abuser left the program. Employee conduct is considered as part of the investigative process.

115.371(l). The Morton County States Attorney described how cases are investigated by the NDHP, noting that any officer may be assigned to the case based on who takes the original report, and she reported working very closely with such investigations.

115.371(m). The Director Safety and Security reported that although YCC does not investigate sexual abuse or criminal activity they cooperate with law enforcement by phone or in writing.

The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.371(a-m).

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.372 Evidentiary standard for administrative investigations</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA Policy b) Documents from Investigations <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director b) Director Safety and Security c) Director, Division of Juvenile Services d) PREA Compliance Manager <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.372. The 3C-4 PREA policy states the Director of the YCC or designee shall notify law enforcement (North Dakota Highway Patrol) when incidents meet the evidentiary standard of a preponderance of the evidence and the incident qualifies as a crime under North Dakota Century Code. The Auditor reviewed several PREA investigations completed by the PREA Compliance Manager and found the responses to be appropriate. One (1) case met the standard for the preponderance of evidence and it was referred to NDHP.</p> <p>The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.372.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.373 Reporting to residents</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA Policy b) Documents from Investigations c) Coordinated Plan for a Response to Sexual Abuse d) PREA Outcomes <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director Safety and Security b) Director, Division of Juvenile Services c) PREA Compliance Manager <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.373(a-c). The 3C-4 PREA policy states If a juvenile makes a report about a staff member’s conduct, another staff member shall inform the juvenile if any of the following occur: the staff member who is the subject of the report is no longer posted in the juvenile’s unit, no longer working at the facility, indicted on a charge related to the abuse, or convicted on the charge. (PREA Standard 115.373)</p> <p>K. 6. States that following a juvenile’s allegation that the juvenile has been sexually abused by another resident within the North Dakota Youth Correctional Center, the facility PREA Compliance Manager shall notify that juvenile and document the notification if the North Dakota Youth Correctional Center learns that the alleged abuser has been indicted or adjudicated on a charge related to the sexual abuse within the facility.</p> <p>Such notifications are documented on the PREA Outcomes Form dated 7/2/2020 and signed by the PREA Compliance Manger and resident.</p> <p>The policies, practices and interviews of residents and employees support the finding that</p>

YCC meets the standard 115.373 (a-c).

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.376 Disciplinary sanctions for employee</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA Policy b) Documents from investigations c) HR Personnel Files d) Coordinated Plan for a Response to Sexual Abuse e) PREA Outcomes Form f) Incident and Disciplinary Reports <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director b) Director Safety and Security c) Director, Division of Juvenile Services d) PREA Compliance Manager e) HR Staff f) PREA Coordinator <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.376(a-d). Each YCC staff is required to sign a receipt stating that they understand Prison Rape Elimination Act laws and guidelines following mandatory training. 3C-4 PREA Policy states If a juvenile makes a report about a staff member’s conduct, another staff member shall inform the juvenile if any of the following occur: the staff member who is the subject of the report is no longer posted in the juvenile’s unit, no longer working at the facility, indicted on a charge related to the abuse, or convicted on the charge,</p>

The PREA Compliance Manager reported that the YCC Facility has accepted a resignation from a staff who is alleged to have committed a PREA violation. The resignation was in the personnel file. Added to the personnel file was a letter that described the situation, and an alert for future references. Additionally, there was a disciplinary sanction given to another employee (related to this case) in 2020 for violating the agency policy prohibiting staff from providing security-issued keys.

The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.376.

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.377 Corrective action for contractors and volunteers</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA b) Documents from Investigations c) Coordinated Plan for a Response to Sexual Abuse d) 3C-4 DOCR <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director b) Director Safety and Security c) Director, Division of Juvenile Services d) PREA Compliance Manager <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.377 The 3C-4 PREA policy requires that YCC shall train all volunteers and contractors who have contact with juveniles on their responsibilities. The volunteers and contractors must sign the PREA training document prior to contact with juveniles. All volunteers and contractors who have contact with juveniles shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The North Dakota Youth Correctional Center shall determine the level and type of additional training required for volunteers and contractors based on the services they provide and level of contact they have with juveniles.</p> <p>3C-4 DOCR states that 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. The deputy warden shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of DOCR sexual abuse or</p>

sexual harassment policies by a contractor or volunteer.

The YCC Facility has had no sexual abuse allegations involving a contractor or volunteer in the past twelve (12) months.

The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.377(a,b).

115.378	Interventions and disciplinary sanctions for residents
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Meets: Standard 115.378 Disciplinary sanctions for residents</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA b) 3C-4 DOCR c) YCC Resident Handbook <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director b) Director Safety and Security c) Director, Division of Juvenile Services d) PREA Compliance Manager e) Residents f) PREA Coordinator <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.378(a). 3C-4 DOCR Policy requires: Adults in custody shall be subject to disciplinary sanctions pursuant to the DOCR disciplinary process following an administrative or criminal finding of guilt that the adult in custody engaged in resident-on-resident sexual abuse.</p> <p>To govern resident rule violations, YCC, maintains a written set of prohibited acts, sanctions, and disciplinary procedures and makes them accessible to all residents and staff through a variety of ways including posted in the facility, and in the Resident Handbook. The Resident Handbook is furnished to residents upon arrival to the facility; it is reviewed with residents during orientation as confirmed by interviews with intake staff and residents.</p> <p>115.378(b-c).3C-4 DOCR policy states that sanctions must be commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions</p>	

imposed for comparable offenses by other residents with similar histories. 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.

115.378(d). YCC offers therapy, counseling, and other interventions designed to address and correct underlying reasons or motivations for sexual misbehavior.

115.378(e). Disciplining a resident for sexual contact with staff can only occur upon a finding that the staff member did not consent to such contact as stated in 3C-4 DOCR policy .

115.378(f). 3C-4 PREA policy states that 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.

115.378(g). 3C-4 PREA policy and Resident Handbook prohibits all sexual activity between residents and may discipline residents for such activity. The agency does not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced, as reflected in a resident-to-resident incident file review by the Auditor.

The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.378(a-g).

115.381	Medical and mental health screenings; history of sexual abuse
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Meets: Standard 115.381 Medical and mental health screenings; history of sexual abuse</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA Policy b) Resident medical and mental health screenings c) Intake forms d) Health and Mental Health Assessment Reports <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director b) Director Safety and Security c) Director, Division of Juvenile Services d) PREA Compliance Manager e) Director of Resident and Clinical Services <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.381(a-d). 3C-4 PREA Policy provides for mental health services offered to victims and perpetrators of sexual abuse. Specifically, 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. Staff shall schedule a meeting with the Mental Health professional within 14 days, and 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 Auditor reviewed the intake files for a dozen residents and found documentation of mental health services offered to victims within 14 days for those who reported past abuse. The 3C-4 DOCR policy provides confidentiality of screening information related to past victimization. “Apart from reporting to designated supervisors or officials, staff may not reveal any information related to a sexual abuse report</p>	

to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Unless otherwise precluded by federal, state, or local law, medical and behavioral health practitioners shall report sexual abuse and inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.381.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.382 Access to emergency medical and mental health services</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA Policy a) Documents from Investigations b) Coordinated Plan for a Response to Sexual Abuse c) CAC Contract <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director b) Director Safety and Security c) Director, Division of Juvenile Services d) PREA Compliance Manager e) Director of Resident and Clinical Services f) Staff <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.382(a-d).The 3C-4 PREA Policy requires that a resident victim receives timely, unimpeded access to emergency medical treatment and crisis intervention services, forensic medical exams, and timely information about and access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate, in accordance with professionally accepted standards of care.</p> <p>The policy also outlines first responder duties to protect the victim if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made. The preliminary steps described by the Director Safety and Security and staff were to protect the victim, contact medical/emergency services and secure the area. PREA Compliance Manager</p>

stated that medical and mental health services are generally available, however all medical services related to PREA are addressed by the local hospital.

The three entities which YCC would engage to provide these treatment services in the event of a sexual abuse of a resident include the Sanford Hospital, Children's Advocacy Center and NDHP.

YCC has a signed service contract with Children's Advocacy Center (CAC) to provide immediate crisis counseling and support to all sexual assault patients 24/7.

Treatment services are provided free of charge regardless of the victim naming the abuser or cooperating with any investigations arising out of an incident, as per policy, which states these services will be provided upon the direction of the outside investigative authority such as NDHP.

The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.382(a-d).

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Meets: Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA b) Coordinated Plan for a Response to Sexual Abuse c) Resident files <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director b) Director Safety and Security c) Director, Division of Juvenile Services d) PREA Compliance Manager e) Residents <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.383(a--h). The 3C-4 PREA policy requires YCC to implement protocol for immediate and on-going victim services in response to allegations of sexual abuse to ensure comprehensive and immediate response to the needs of an alleged victim.</p> <p>The North Dakota Youth Correctional Center shall offer victims of sexual abuse access to medical, mental health, and treatment services, without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>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</p>	

desired by the juveniles. 2.) Staff shall schedule a meeting with the Mental Health professional within 14 days. 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 Auditor confirmed that this was the practice by reviewing documentation of recent investigations, and interviewing the PREA Compliance Manager; both confirmed that the YCC offers victims of sex abuse ongoing medical and mental health treatment.

The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.383.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.386 Sexual abuse incident reviews</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA Policy b) Documents from Administrative Inquiries c) Sexual Incident Review Form <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director b) Director Safety and Security c) Director, Division of Juvenile Services d) PREA Compliance Manager e) Director of Resident and Clinical Services <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.386(a-e). The 3C-4 PREA Policy K.1. 1. Requires that following any Prison Rape Elimination Act incident, the PREA Coordinator shall lead an incident review and generate an After-Action Report, unless the allegation is determined to be unfounded. The PREA Coordinator reported that she had obtained the discovery packet prepared by external investigators for review of the documentation. An email dated 9/17/20 from the PREA Coordinator to the Auditor provided an update on the status of an After-Action Review which is scheduled with YCC's PREA Compliance Manager and the Quality Assurance Manager on 09/25/2020.</p> <p>3C-4 states that Staff shall complete an Incident Report by the end of the shift. Staff shall inform the parent and or legal guardian, and the cottage Program Director shall notify the juvenile's lawyer, if applicable. Staff shall complete the Risk Management Online Incident Reporting form within 24 hours of notification of the incident. Staff complete a Report of Suspected Child Abuse or Neglect 960 form, if directed by the Director of the North Dakota Youth Correctional Center.</p> <p>The Sexual Incident Review Form specifically addresses corrective actions and requires the</p>

team to review the incident within the context of the following inquiries: 1) Does the allegation or investigation indicate a need to change policy or procedures to better prevent, deter, detect, or respond to sexual abuse? 2) Was the allegation or incident motivated or otherwise caused by the perpetrator's or victim's 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) Did the area in the facility where the incident allegedly occurred have physical barriers that may enable abuse? 4) Do the staffing levels in that area during different shifts appear to be adequate? 5) Did the nature of the incident suggest that monitoring technology should be deployed or augmented to supplement supervision by staff? 6) Are there any recommendations for improvement?

The Auditor reviewed several Sexual Incident Review forms that were completed and signed by the PREA Compliance Manager in response to substantiated allegations. The reviews were all concluded within 30 days after the alleged incident occurred. The forms are sent to YCC Facility Director and DOCR PREA Coordinator within 10 working days. During the On-site Tour, the Auditor confirmed reports from YCC Director of Safety and Security, the Facility Director and the PREA Compliance Manager, of the improvements made recently related to sexual safety. These were also noted in the review of documents. These improvements include placing cameras in high incident areas, separating co-ed educational classes and programming, and increasing the staff supervision ratios. YCC has extensively documented the improvements made as a result of these reviews on the Sexual Incident Review Forms and in the Annual PREA report found on the website.

The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.386(a-e).

115.387	Data collection
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Meets: Standard 115.387 Data collection</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA Policy b) Documents from Investigations c) Intake Forms d) Sexual Incident Review Form e) YCC PREA Data Summary f) Annual PREA Report g) PREA Compliance Manager facility data report h) Website <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director/Director Safety and Security b) Director Safety and Security c) Director, Division of Juvenile Services d) PREA Compliance Manager e) PREA Coordinator <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.387(a-f) The 3C-4 PREA policy on Data Collection and Compliance was reviewed by the Auditor. This policy meets the standards and states:</p> <p>1. The North Dakota Youth Correctional Center may collect information related to the purposes outlined under section E of this policy to help reduce the risk of sexual abuse and</p>	

sexual harassment occurring with the North Dakota Youth Correctional Center.

2. The North Dakota Youth Correctional Center shall retain 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.

3. The North Dakota Youth Correctional Center shall identify the specific data that must be collected to comply with the reporting requirements of the Prison Rape Elimination Act Commission Standards for the Prevention, Response, and monitoring of Sexual Abuse in Juvenile Facilities.

4. The North Dakota Youth Correctional Center shall make the aggregated sexual abuse data readily available to the public on the Department of Corrections and Rehabilitation's website.

5. The North Dakota Youth Correctional Center shall compile the data into annual reports and maintain them for at least ten years. The purpose of these reports is to: a. Establish a baseline of data documenting the prevalence of incidents involving injurious sexual conduct, as gleaned from all available sources. b. Provide information concerning where efforts are needed for the improvement of facility operations to reduce sexual abuse and sexual harassment. c. Document that there is accountability for those who perpetrate sexual abuse and sexual harassment.

The Auditor reviewed the annual PREA reports from 2016-2019 found on the website, and the reports reflect the aggregated data required.

<https://www.docr.nd.gov/sites/www/files/documents/prea/2019%20Annual%20PREA%20Report.pdf>

The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.387.

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.388 Data review for corrective action</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA Policy b) Documents from Investigations c) PREA facility data d) Annual PREA Report e) Website <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director a) Director Safety and Security b) Director, Division of Juvenile Services c) PREA Compliance Manager d) PREA Coordinator e) Quality Assurance Manager f) Director of Resident and Clinical Services <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.388(a-d). The Annual PREA Report was reviewed by the Auditor; it provides a summary of problems identified to assess and improve the effectiveness of YCC's sexual abuse prevention, detection, and response policies, practices, and training, including the following resultant actions: 1. Revised and updated DOCR PREA policy and training curricula. 2. Continue to enhance training for staff, residents, contractors, and volunteers to ensure the information being relayed is clear and up to date with the new guidance from the PREA Resource Center. 3. Continue to train additional PREA Investigators utilizing the training</p>

provided by The Moss Group. 4. Revised the objective screening tool utilized in the facilities based on information received from facility case management, the audit results, and guidance from the PREA Resource Center. 5. Partnered with the Transgender Resource Center of New Mexico to increase staff understanding of the transgender population and their needs. Added new Processes/Updates: 1) Updated policy 3C-4 on the adult side so the PREA Coordinator is responsible for the tracking of notifications to other facilities when a resident alleges past abuse. 2) A new PREA Compliance Manager was named at the NDYCC. 3) A new PREA Compliance Manager was named at the MRCC.

The Agency Director has approved this report and it's posted on the YCC website. The report is easily found under PREA.

The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.388.

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.389 Data storage, publication, and destruction</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 3C-4 PREA, b) 2016-19 PREA Annual Reports c) Website <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director/Director Safety and Security b) Director Safety and Security c) Director, Division of Juvenile Services d) PREA Compliance Manager <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.389(a-d). The PREA Compliance Manager and staff pointed out where files are securely maintained and stored in locked cabinets on-site; residents and the public have limited or no access to the administrative office. Administrative offices are locked and electronic files are secured by personal passcodes. YCC makes all aggregated sexual abuse data from its facilities under its direct control readily available to the public at least annually through its website but removes all personal identifiers prior to public access. The auditor reviewed the agency 2016, 2017, 2018, 2019 PREA Annual Reports on the website.</p> <p>The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.389.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.401 Frequency and scope of audits.</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 2014 and 2016 Audit Reports b) 2016-19 PREA Annual Reports c) DOCR Website <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director b) Director Safety and Security c) Director, Division of Juvenile Services d) PREA Compliance Manager e) PREA Coordinator <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>115.401(a-n) YCC has demonstrated compliance with the PREA standards by conducting PREA audits every three years. The previous PREA audit occurred in 2016. This is the second year of the current audit cycle. New protocols (travel bans, screening, social-distancing and personal protective gear) were put into place in response to Covid-19 beginning in March 2020 which caused an unavoidable delay in beginning the audit. The Auditor was able to safely and effectively complete the PREA Audit during the pandemic, based upon YCC implementation of Covid-19 protocols proven effective in protecting the spread of the virus.</p> <p>YCC staff allowed the Auditor to review all relevant agency-wide policies, procedures, reports, internal and external audits, by completing the PAQ, and coordinating document reviews, the on-site tour and interviews during the pre- audit and post-audit phases. The auditor was given access to all areas of the campus and toured all buildings where residents were allowed. The PREA Compliance Manager responded to every request from the Auditor in a timely manner including copies of all relevant/requested documents and electronically stored information.</p>

Residents were provided with information about the PREA audit six weeks prior to the site visit. The information or “Notice of Audit” was provided to the to YCC by the Auditor, which was posted in the main living areas. The information provided to the residents included accurate information regarding the confidential nature of any correspondence and communication with the auditor. YCC and the Auditor provided residents with a method of sending confidential information or correspondence to the Auditor with the same level of confidentiality as if the residents were communicating with legal counsel.

The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.401.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Meets: Standard 115.403(f) Frequency and scope of audits</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a) 2014 and 2016 Audit Reports b) 2016-19 PREA Annual Reports c) DOCR Website <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Facility Director b) Director Safety and Security c) Director, Division of Juvenile Services d) PREA Compliance Manager e) PREA Coordinator <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Informal interviews during site review <p>The Auditor reviewed all of the YCC's audit reports completed over the past 6 years, and web links to each of these reports. YCC has published these reports on DOCR's agency website; all Final PREA audit reports are made publicly available and include 2014 PREA Audit Report by Candance Synder and a 2016 PREA audit report by Steve Jett.</p> <p>The policies, practices and interviews of residents and employees support the finding that YCC meets the standard 115.403.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	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.)	na
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".)	na
115.313 (a)	Supervision and monitoring	

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

	and determining the need for video monitoring: The number and placement of supervisory staff?	
	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?	yes

115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

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

	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?	
	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	yes

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes

115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
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.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

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

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	<p>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))</p>	yes

115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

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

115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	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?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
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.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

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.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

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.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

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.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
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.)	yes

115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

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

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

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

115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

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

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

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

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

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

115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	no
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes

115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes