



Candace L. Snyder

DOJ Certified PREA Auditor

25469 Sidney Park Road

Custer, SD 57730

Phone: 605-517-1747 ● Email: snyder@gwtc.net

August 8, 2014

Ms. Lisa Bjergaard
Director of DJS
PO Box 1898
Bismarck, ND 58502-1898

Via Electronic Mail: lbjergaa@nd.gov

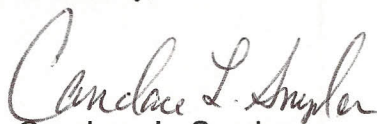
Dear Lisa:

Congratulations to the North Dakota Youth Correctional Center on compliance with the Prison Rape Elimination Act (PREA) standards as verified by the completion of your recent audit conducted on July 21st and 22nd. I know that this process was not achieved by any single person as its success was the result of hard work at every level of staff at the NDYCC. However, prior to, during and after the on-site portion of the audit Ron Crouse and Casey Traynor exemplified dedication to the efforts of the facility in reaching this milestone.

Your Final Auditor's Summary Report is attached. Please post on the NDDOCR website as your final step in compliance.

It was a pleasure working with such a professional organization dedicated to helping youth and committed to their safety. You can be very proud of your accomplishments. If you or the staff at NDYCC have any questions in relation to PREA at anytime, please don't hesitate to contact me. Just because your audit has been completed, I am still committed to providing the NDYCC any future assistance.

Sincerely,


Candace L. Snyder
Certified PREA Auditor

cc: Ron Crouse, Director NDYCC
Casey Traynor, PREA Compliance Manager

PREA AUDIT: AUDITOR'S SUMMARY REPORT

JUVENILE FACILITIES

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Name of Facility:	North Dakota Youth Correctional Center (NDYCC)		
Physical address:	701 16th Avenue SW, Mandan, ND 58544		
Date report submitted:	Initial Report: August 5, 2014 Final Report: August 8, 2014		
Auditor Information	Candy Snyder		
Address:	25469 Sidney Park Road, Custer, SD 57730		
Email:	snyder@gwtc.net		
Telephone Number:	605-517-1747		
Date of facility visit:	July 21-22, 2014		
Facility Information			
Facility Mailing Address: (if different from above)			
Telephone Number:			
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input checked="" type="checkbox"/> Detention	<input checked="" type="checkbox"/> Correction	<input type="checkbox"/> Other
Name of PREA Compliance Manager: Casey Traynor	Title: Quality Assurance Manager		
Email Address: ctraynor@nd.gov	Telephone Number: 701-667-1408		
Agency Information			
Name of Agency:	North Dakota Division of Juvenile Services		
Governing Authority or Parent Agency: (if applicable)	North Dakota Department of Corrections & Rehabilitation		
Physical Address:	3100 Railroad Avenue, Bismarck, ND 58501		
Mailing Address: (if different from above)			
Telephone Number:	701-328-6362		
Agency Chief Executive Officer			
Name: Leann Bertsch	Title:	Director - NDDOCR	
Email Address: lebertc@nd.gov	Telephone Number:	701-328-6362	
Agency Wide PREA Coordinator			
Name: Steve Engen	Title: Director of Staff Development & Facility Inspections		
Email Address: sengen@nd.gov	Telephone Number: 701-328-6652		

AUDIT FINDINGS

NARRATIVE:

The North Dakota Youth Correctional Center (NDYCC) is a 110-bed juvenile facility. The facility originally opened as the North Dakota State Reform School in 1903 in Mandan, North Dakota. Although it has changed names a few times since 1903 it has always remained a facility to provide rehabilitation of delinquent juveniles. In 1989 it came under the authority of the Division of Juvenile Services of the Department of Corrections and Rehabilitation and the name was changed to the Youth Correctional Center. It provides secure detention for the western counties of North Dakota and residential treatment services for youth from across the state of North Dakota. Both programs are operated by the Division of Juvenile Services (DJS).

The NDYCC consists of four housing units. Each unit is staffed with a program director and a team of staff and counselors who are responsible for activities, programming and behavioral management. The NDYCC provides rehabilitative and educational programming in a secure setting for youth under DJS custody as well as youth placed by the Federal Bureau of Prisons (BOP) or tribal court. The NDYCC also serves as a licensed juvenile detention facility for surrounding counties. Youth can be placed at the facility by law enforcement or the courts to be held in detention on a pre-adjudicatory basis. These youth are housed separately from the general correctional population in Pine Cottage. Youth committed to the DJS will initially go through a 14-21 day assessment period at the youth assessment center, located on the NDYCC campus in Pine Cottage. The assessment center provides a centralized point for processing, evaluation, and referral. The residential treatment services are provided for adjudicated youth in three housing units: Maple Cottage houses female youth; Hickory Cottage and Brown Cottage house male youth.

At the time of the audit the youth population was 63 students. During the two day on-site audit, the auditor toured the facility, examined additional documentation, and conducted formal staff and youth interviews. The auditor also informally questioned several staff during the tours to understand the standard practice and procedures during normal operations. Twelve staff were interviewed from a diverse mix to include management, line staff and specialized staff as outlined in the PREA interview protocols. In addition, eight youth were interviewed. The youth interviewed represented youth from each of the four cottages, with varying amounts of time in the program; some that identified as LGBTQ and youth that were a part of a facility investigation.

NDYCC has participated in the PbS system of continuous facility improvements since 1998. NDYCC separates data collection into its distinct three program areas: youth correctional center; youth detention center; and youth assessment center. The NDYCC has continually exceeded the national average in a majority of the operational areas and has achieved Level III and IV status.

The mission of the NDYCC is to provide professional, team- oriented juvenile correctional services to troubled adolescents in a safe environment.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The NDYCC is a picturesque campus with the approach to the Administration building on a tree-lined boulevard. The administration building is brick constructed with administrative offices to include the the Director, Treatment Director; Human Resource Manager, and the Quality Assurance Director. Attached to the Administration building is a two story structure housing the school. The school is comprised of classrooms, vocational education shops such as welding, automotive repair, and carpentry.

Hickory Cottage is a three-story brick structure for male youth. The basement level houses two chemical dependency group rooms, counselor offices, an optometrical 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. Each room includes a bed and a combination toilet/sink.



Pine Cottage is a single story brick building constructed in 1990 and is the newest building on the NDYCC campus. Pine Cottage houses male youth. It contains an open area staff desk with detention housing openly viewed to the right of the desk and admissions housing viewed to the left of the desk. There are open common areas directly outside of the single occupancy sleeping rooms that line the outer walls of Pine Cottage. 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. Behind the Admissions 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. The dinning hall is used on weekends to host family visits with youth.

Brown Cottage is a single story brick structure for male 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 and a shower area.

Maple Cottage is a two-story brick building for female youth. The first floor houses the staff duty desk, dayroom, secure close observation room, showers, restrooms and a few offices and a group room. The second floor contains the housing area which is comprised of mostly individual sleeping rooms. There are four rooms on the ends of the second floor that are two to three-person rooms.

The gymnasium is a full sized gymnasium with a running track on a second tier around the outer edge of the gym space. There is also a swimming pool with a girls and boys shower/locker rooms.

The campus has a chapel that serves both the youth at NDYCC as well as a local congregation open to the public. It consists of a main chapel and a small office and a group rooms to both the left and to the right of the main chapel.

Camera coverage in each cottage consists of common areas. In addition each cottage has a few sleeping rooms that can be viewed at the duty desk if the occupant is on constant observation due to suicide precaution.

SUMMARY OF AUDIT FINDINGS:

The audit was conducted at NDYCC on July 21-22, 2014. The audit began with a brief meeting to outline the scope of the on-site audit. This meeting included the auditor, Candy Snyder; an assistant to the auditor, Mark Snyder; the Director of Juvenile Services, Lisa Bjergaard; the Director of NDYCC, Ron Crouse; and the PREA Compliance Manager, Casey Traynor.

A facility tour was provided and covered all areas of the campus with the exception of a few outlying physical plant areas that are not accessed by youth. The facilities appeared very clean and well maintained even though some structures were decades old. Staff were very open and forthright throughout the tour and volunteered information on daily operations and routines.

Staff and residents were interviewed. All interviews indicated that practice follows the procedures outlined in policy. Residents felt very comfortable reporting information to staff and felt that this information would be handled swiftly, appropriately and with confidentiality. If services were needed, they would be provided. All residents without exception reported that they felt safe at NDYCC. Within recent months an outside reporting method was provided as an option for youth reporting. Locked boxes were located throughout cottage areas. Staff are designated to check the boxes for contents during certain rounds each day. Staff do not have keys to unlock and view the contents, but are directed to call the contractor, the Children's Advocacy Center. The NDYCC is working in a coordinated effort with the Children's Advocacy Center, the North Dakota State Highway Patrol and the local hospital SANE Nurses to provide any needed services to youth who may be sexually assaulted.

The buildings at the Youth Correctional Center are in need of major building improvements. Due to the age and type of construction with the exception of Pine Cottage there are many blind spots within the buildings that can hinder direct supervision of youth. However, NDYCC has proven to be proactive in working with what they have by installing convex security mirrors in blind spots and cameras in common areas. Hopefully, they will be able to modernize by either bringing old buildings up to the 21st century standards or constructing new buildings better suited to providing residential treatment to youth in a more conducive setting.

At the time of the audit there were 63 youth present at the facility. Information regarding each housing unit is as follows:

Hickory Cottage (max 32)— 32 single occupancy rooms; 9 JIRS; 20 youth at time of audit

Brown Cottage (max 18) — 16 rooms [14 single occupancy rooms and 2 double occupancy rooms]; 8 JIRS; 18 youth at time of audit

Maple Cottage (max 23) — 15 rooms [9 single occupancy rooms, 4 triple occupancy rooms and 2 high-risk single occupancy rooms]; 9 JIRS; 12 youth at the time of the audit

Pine Cottage (max 24) — 24 rooms [12 Detention single occupancy rooms and 12 Assessment single occupancy rooms]; 9 JIRS; 13 youth at time of audit

The auditor reviewed the facility's two reported incidents of sexual assault. It is apparent from review of investigative files that there is a concerted effort between the NDYCC, the Children's Advocacy Center, the local hospital and the North Dakota State Highway Patrol. The incidents were handled appropriately.

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.312 Contracting with other entities for the confinement of residents

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.313 Supervision and Monitoring

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

Auditor comments, including corrective actions needed if does not meet standard

Although the facility is not required to meet the PREA standard for staffing ratios until October 1, 2017, the facility is proactively planning for this change. They provided a staffing plan that identifies the need for 50.64 staff in order to provide supervision for all four youth residential buildings at populations ranging from 9 to 24 youth. Currently the facility employs 35 Juvenile Residential Institutional Residence Specialists (JIRS) and 5 Security Officers.

The facility did not provide a current stated youth-to-staff ratio to be maintained. The auditor recommends determining a current minimum staff-to-youth ratio that must be maintained at all times given their current staffing level. Staffing ratios observed, noted on the schedules and other documentation were up to 1:12 during waking hours and 1:20 during sleeping hours. There was a roving security person that can respond, but the distance between buildings precludes this as being an effective deterrent against sexual assault.

Standard 115.315 Limits to cross gender viewing and searches.

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

Auditor comments, including corrective actions needed if does not meet standard

Maple Cottage houses female youth. It is staffed by all female staff and the schedule provided to the auditor also substantiates the procedure of same gendered staff for the female youth.

The auditor observed staff of the opposite gender announcing their presence when entering all cottages. In all youth areas, youth shower individually and the shower areas are supervised by staff of the same gender as the youth.

A few of the sleeping rooms with toilets have camera coverage. These rooms are used for youth with a documented placement on close observation due to the risk of self-harm or actively suicidal. There are female staff assigned to male cottages. Staff at the duty desks as a practice both stated and directly observed by the auditor do not keep the rooms with cameras active unless supervising a youth on suicide precautions. The safety against suicide provided by close observation of the youth on suicide precaution outweighs personal privacy. The Director did state that the practice is to place only youth on suicide precautions in the rooms with cameras. The auditor recommends that written policy outline their practice of limiting placement of youth within sleeping rooms with cameras to those with a documented placement on close observation due to the risk of self-harm or actively suicidal.

On 7/25/14 the auditor received the revised policy which requires only youth on active suicide precautions to be placed in rooms with cameras.

§ 115.315 Limits to cross-gender viewing and searches

(d) The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

FROM PRC FAQ: While same-gender observation is preferable because of the importance of monitoring inmates identified as being at high risk for self-harm or who are actively suicidal, cross-gender camera viewing of inmates in suicide watch cells is permissible if operationally indicated.

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

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.317 Hiring and promotion decisions.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.318 Upgrades to facilities and technology.

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

Auditor comments, including corrective actions needed if does not meet standard

The facilities, with the exception of Pine Cottage, are of older construction with limited viewing of youth, many blind spots and residential areas supervised by staff on multiple levels of the building. Although NDYCC is providing a safe environment, the facilities are in need of modernization. It may be difficult within the confines of the existing structures to provide an environment that is more conducive to modern methods of residential treatment.

§ 115.318 Upgrades to facilities and technologies

(a) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.

Standard 115.321 Evidence protocol and forensic medical examinations.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.322 Policies to ensure referrals of allegations for investigations.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.331 Employee training.

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

Auditor comments, including corrective actions needed if does not meet standard

The facility staff had documented training and through staff interviews were able to relay back to the auditor a competent knowledge of the standards and how to fulfill their responsibilities. However, a few staff were not able to articulate how they could meet their obligations both as a mandatory reporter and reporting privately. Although all staff felt comfortable reporting through their chain of command, in the event a staff member may not, there must be a mechanism for reporting outside of their chain of command. All staff knew they were required to file a form 960 reporting Abuse and Neglect and that the facility reported these to Child Protective Services. However, some staff stated that all form 960s are forwarded through the facility administration. The Director of Juvenile Services did state that a staff member could file a form 960 directly with Child Protective Services. The standard does not intend to thwart an open culture and an open dialog between facility staff and the administration. This facility in no way appears to have a "Code of Silence" culture. However, it is the intent of the standard that there is a mechanism for staff to continue to report without fear of retaliation.

Staff do not always hear the outcome of an investigation to know that their reports have been acted upon. This can create a culture where it is felt like nothing is done.

To further build an open reporting culture, the auditor recommends that sexual incident reviews, sanitized for confidentiality purposes, be shared with all staff, especially the reporting staff, so that 1) staff know necessary actions are being taken and 2) all staff have the benefit of learning from the review experience.

The auditor recommends that staff training be strengthened so all staff know they can file a report directly with CPS if they feel that facility administrators may not take the necessary actions in protecting youth from sexual harassment or sexual assault or they fear retaliation for reporting.

§ 115.361 Staff and agency reporting duties

2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;

(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;

§ 115.351 Resident reporting

(e) The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

Standard 115.332 Volunteer and contractor training.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115. 333 Resident education.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.334 Specialized training: Investigations.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.335 Specialized training: Medical and mental health care.

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

Auditor comments, including corrective actions needed if does not meet standard

The facility staff had knowledge through their training that emphasized that forensic exams and forensic evidence is not to be done by the facility medical staff, but rather through the SANE nurse at the local hospital. However, the auditor recommends that facility staff, especially facility medical staff, have a working knowledge of how a forensic exam is completed to better be able to provide emotional support (in addition to the contracted advocate at the Children's Advocacy Center) and to be better able to protect evidence until the youth can be transported to the hospital.

§ 115.335 Specialized training: Medical and mental health care

(a) The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:

- (1) How to detect and assess signs of sexual abuse and sexual harassment;*
- (2) How to preserve physical evidence of sexual abuse;*
- (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and.....*

Standard 115.341 Screening for risk of victimization and abusiveness.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.342 Use of screening information.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.343 Protective Custody.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.351 Resident Reporting.

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

Auditor comments, including corrective actions needed if does not meet standard

Youth feel very safe and feel they can report incidents of sexual harassment and sexual assault to their staff. Youth knew of the boxes in their housing areas that could be used to report incidents anonymously. However, the auditor recommends that signs be placed at the boxes stating that an outside contractor, the Children's Advocacy Center, is the only one with the key to open the box and to read the reports placed in the box. One youth did not remember that NDYCC staff did not have a key to this box.

The boxes have been installed within the last few months and although it was apparent that NDYCC has educated the youth as to the purpose of the boxes, they often need multiple lessons over time to retain the information. Youth education needs to be strengthened in this area.

§ 115.351 Resident reporting

(b) The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request.

Standard 115.352 Exhaustion of administrative remedies.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.353 Resident access to outside confidential support services.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.354 Third-party reporting.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.361 Staff and agency reporting duties.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.362 Agency protection duties.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.363 Reporting to other confinement facilities.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.364 Staff first responder duties.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.365 Coordinated response.

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

Auditor comments, including corrective actions needed if does not meet standard

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

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.367 Agency protection against retaliation.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.368 Post allegation protective custody.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.371 Criminal and administrative agency investigations.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.372 Evidentiary standards for administrative investigations.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.373 Reporting to residents.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.376 Disciplinary sanctions for staff.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.377 Corrective action for contractors and volunteers.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.378 Disciplinary sanctions for residents

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

Auditor comments, including corrective actions needed if does not meet standard

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

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.382 Access to emergency medical and mental health services.

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

Auditor comments, including corrective actions needed if does not meet standard

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

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.386 Sexual abuse incident reviews.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.387 Data collection.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.388 Data review for corrective action.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.389 Data storage, publication and destruction.

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

Auditor comments, including corrective actions needed if does not meet standard

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of her knowledge and no conflict of interest exists with respect to her ability to conduct an audit of the agency under review.

Condace L. Snyder
Auditor Signature

August 8, 2014
Date