

PREA Facility Audit Report: Final

Name of Facility: North Dakota Youth Correctional Center

Facility Type: Juvenile

Date Interim Report Submitted: 10/13/2023

Date Final Report Submitted: 02/02/2024

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: DeShane Reed	Date of Signature: 02/02/ 2024

AUDITOR INFORMATION	
Auditor name:	Reed, DeShane
Email:	drbconsultinggroup@gmail.com
Start Date of On-Site Audit:	07/31/2023
End Date of On-Site Audit:	08/02/2023

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

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

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

Facility PREA Compliance Manager	
Name:	Courtney Staub
Email Address:	cstaub@nd.gov
Telephone Number:	

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

Facility Characteristics	
Designed facility capacity:	40
Current population of facility:	27
Average daily population for the past 12 months:	25
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:	72
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	31
Number of volunteers who have contact with residents, currently authorized to enter the facility:	7

AGENCY INFORMATION

Name of agency:	North Dakota Department of Corrections and Rehabilitation
Governing authority or parent agency (if applicable):	
Physical Address:	3100 Railroad Avenue, PO Box 5521, Bismarck, North Dakota - 58502
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Casey Traynor	Email Address:	ctraynor@nd.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-07-31
2. End date of the onsite portion of the audit:	2023-08-02

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	I contacted Sanford Medical Center and Dakota Children's Advocacy Center (DCAC).

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	39
15. Average daily population for the past 12 months:	26
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	27
37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:	27
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	11
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0

<p>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>65</p>

50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	3
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	13
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>This auditor requested to pull random selection from the full roster, which entailed race, gender, age, and other demographical information.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>4</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p>59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/detainees.</p> <p><input type="checkbox"/> The inmates/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/detainees).</p>	<p>All residents at ND-YCC are youthful residents (under 18). ND-YCC is a juvenile facility.</p>
<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the facility's full demographical roster, asked mental health/medical staff, inquired from interviewed residents, as well as asked informally residents during tour to gain insight. Each shared that 0 were present on campus at the time of this PREA Audit.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the facility's full demographical roster, asked mental health/medical staff, inquired from interviewed residents, as well as asked informally residents during tour to gain insight. Each shared that 0 were present on campus at the time of this PREA Audit.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the facility's full demographical roster, asked mental health/medical staff, inquired from interviewed residents, as well as asked informally residents during tour to gain insight. Each shared that 0 were present on campus at the time of this PREA Audit.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the facility's full demographical roster, asked mental health/medical staff, inquired from interviewed residents, as well as asked informally residents during tour to gain insight. Each shared that 0 were present on campus at the time of this PREA Audit.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the facility's full demographical roster, asked the PREA risk screener and interviewed PREA Investigator, mental health/medical staff, inquired from interviewed residents, as well as asked informally residents during tour to gain insight. Each shared that 0 were present on campus at the time of this PREA Audit.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During interviews with residents, ND-YCC do not use segregation for resident who are identified as risk of victimization. This was corroborated through interviews with staff and residents.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>22</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </p>
<p>If "Other," describe:</p>	<p>Contracted, Education, and Administration. I also phone interviewed a representative from Sanford Health Center and Dakota Children's Advocacy Center (DCAC).</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>11</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	4
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input checked="" type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	Contracted Clergy

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
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Documentation Sampling

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

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	2
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	2

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	2
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<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • 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)
<p>Auditor Discussion Instructions</p> <p>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.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.311. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.311. This auditor reviewed ND-YCC’s “ND-DOCR Policy #3C-04” and has concluded that it has the necessary language to align with PREA Standard 115.311.</p> <p>While onsite, this PREA auditor also observed, interacted with, and interviewed ND-DOCR’s PREA Coordinator. ND-YCC’s PREA Coordinator explained that he has the time and support of ND-DORC’s Director of Juvenile Services to effectively engage in his role and has carved out time within his newly promoted role as ND-YCC Superintendent. This auditor also interviewed ND-YCC’s current PREA Compliance</p>

	<p>Manager, who explained that ND-YCC has provided her time within her newly promoted role as ND-YCC Quality Assurance Administrator, to engage in her PREA Compliance Manager (PCM) duties.</p> <p>Finally, this auditor reviewed ND-DOCR’s Employee Handbook, which stated ND-DOCR’s disciplinary process for employees violating ND-DOC’s codes of conduct. This auditor also reviewed ND-DOCR’s Organizational Chart, which showed ND-DOCR’s PREA Coordinator reporting to the Director of Juvenile Services for PREA-related duties/efforts.</p> <p>This PREA auditor concludes that ND-YCC is in compliance with PREA Standard 115.311.</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.312. North Dakota Youth Correctional Center (ND-YCC) submitted their updated detention contract with Bowman County section D #19 as evidence of compliance with PREA Standard 115.312, for contracting for confinement. The reviewed contract had the necessary language within it, which identifies the requirements to adopt and comply with PREA Standards.</p> <p>This PREA auditor concludes that ND-YCC is in compliance with PREA Standard 115.312.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.313. North Dakota Youth Correctional Center (ND-YCC) submitted their</p>

“North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3A-03 as evidence of compliance with PREA Standard 115.313. This auditor reviewed ND-YCC’s “ND-DOCR Policies #3C-04”, concluding that have the necessary language to align with PREA Standard 115.313.

This auditor interviewed ND-YCC’s PREA Compliance Manager who shared that ND-YCC follows a protocol when call-offs and time-offs occur. Further, ND-YCC provides coverage through adjusting/rotating on-shift staffing, voluntary, or mandatory overtime. This allows ND-YCC’s staffing coverage to remain fulfilled. Furthermore, according to ND-YCC’s PREA Compliance Manager staff could also voluntarily work shifts or switch shifts/dates. This auditor reviewed ND-YCC’s “Staffing Plan Review,” which documented ND-YCC’s process of ensuring adequate staffing. However, ND-YCC’s Staffing Plan and Staffing Plan Review did not contain all the components which need consideration when identifying staffing needs to protect residents from sexual abuse. ND-YCC’s PREA Compliance Manager submitted ND-YCC’s staffing roster for the past 7 days, which seemed to have adequate staffing coverage. However, the submitted staffing plan only provided answers to 115.313(a)(1-11), rather summarizing how each section was considered or inform staffing at ND-YCC, to protect resident from sexual abuse.

Additionally, while onsite, this auditor interviewed the ND-YCC’s PREA Compliance Manager and the Director of Resident Care, who shared that supervisory unannounced rounds are conducted once daily. This auditor requested documentation of unannounced rounds by supervisory staff for a random selection of 15 different days. ND-YCC was able to produce documentation for 13 of the 15 requested days for which unannounced supervisory rounds were observed to be completed.

This auditor recommended that ND-YCC develop an adequate Staffing Plan which assesses, describes, and summarizes how each section of PREA Standard 115.313 (a) (1-11) is considered to protect residents from sexual abuse. This PREA auditor concluded that ND-YCC was not in compliance with PREA standard 115.313. Corrective Action was required.

During ND-YCC’s Corrective Action Period (CAP), this auditor conducted two ZOOM meetings to discuss the requirements and components of a Staffing Plan. ND-YCC’s PREA Compliance Manager (PCM) then assembled ND-YCC’s superintendent, administrative, security, legal, and other compliance team members together to gather documentation needed to align with PREA Standard 115.313 (a). According to a ZOOM discussion with ND-YCC’s PREA Compliance Manager, their goal was to show that all components of 115.313(a) (1-11) were considered in developing their staffing plan and providing adequate supervision and monitoring of ND-YCC residents. ND-YCC’s PCM submitted a completed Staffing Plan through OAS, which contained all the elements required within, as well as how those components were considered in developing their staffing and monitoring plan to keep youth safe from sexual abuse at ND-YCC.

This PREA Auditor concludes that ND-YCC is in compliance with PREA Standard 115.313.

115.315	Limits to cross-gender viewing and searches
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1481 748">This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.315. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-06 and 3C-09 as evidence of compliance with PREA Standard 115.315. This auditor reviewed ND-YCC’s “ND-DOCR Policies #3A-06,” concluding that they have the necessary language to align with PREA Standard 115.315.</p> <p data-bbox="280 788 1481 1155">ND-YCC is a male resident juvenile facility. While on-site, this PREA auditor interviewed 13 randomly selected residents. Each resident verified that they are only searched by staff of the same gender. When this auditor interviewed a random selection of 12 ND-YCC security staff and asked, “Which gender staff pat searches a transgender or intersex?” There was inconsistency from 10 out of the 12 staff, who either responded that “female staff only” or “male staff only” pat search transgender and intersex residents. Only 2 of the 12 staff shared that ND-YCC allows the transgender and intersex resident to select the gender of staff they feel more comfortable pat searching them. This is then documented in the “Elite” system.</p> <p data-bbox="280 1196 1481 1774">Thirteen of the 13 randomly selected interviewed residents shared that they are allowed to shower, perform bodily functions, and get dressed without being viewed by non-medical staff of the opposite gender viewing them. During this auditor’s exhaustive tour, two cottages, namely Pine Cottage and Brown Cottage, were observed to be the primary housing units for residents. This auditor observed that each cottage had single rooms with toilets/sink. Pine Cottage had four observation rooms with camera view which were all verified to have a digital block from master control viewing resident toileting. Additionally, Brown Cottage had eight observation rooms with camera view which were all verified to have a digital block from master control ensuring that residents were out of view while toileting. This auditor also observed all showers having ¾ saloon style doors to protect the privacy of residents. During interviews with staff, they reported that during non-shower times, their standard operating procedure is that there is no more than one resident is to use the bathroom at a time.</p> <p data-bbox="280 1814 1481 2056">During the exhaustive tour, this auditor did not observe “opposite gender announcement” signage placed in residential housing entrances and locations where residents are showering, getting dressed, and engaging in hygiene. This auditor recommended that ND-YCC place “opposite gender announcement” signage in prominent areas specifically at pivotal points of entrance into cottages, dining areas and restrooms. ND-YCC immediately purchased “opposite gender</p>

announcement” signage for recommended locations, placed and submitted evidence. When this auditor asked each randomly selected interviewed resident if “opposite gender” staff announce their presence when entering resident housing units, 6 of the 13 interviewed residents stated that staff consistently announce their presence when entering the housing units. Seven of the 13 interviewed residents shared that the ND-YCC staff announce sometimes but not consistently when entering the housing units. During the interviews with residents, 13 out of 13 stated that they felt they had enough privacy overall.

When this auditor interviewed a random selection of 18 specialized staff and security staff each stating that staff consistently announce their presence when entering the residents housing units, however some reported logging their presence and verbal announcement in the “Elite” electronic logging system while others did not. While onsite, this auditor requested to view twenty different randomly selected dates within the last year for both cottages to view the pattern of logging gender announcements and observed that 16 out of 20 logs noted gender announcements for each cottage.

This auditor recommended that ND-YCC retrain staff on ND-YCC’s policy and PREA Standards regarding searching/pat down searching of transgender and intersex residents. This auditor also recommended that ND-YCC conduct an “all staff” refresher training on ND-YCC’s policy and PREA Standards on the importance of opposite gender staff announcing their presence when entering resident housing units. Finally, this auditor recommended that ND-YCC demonstrate consistency in practice when documenting opposite gender announcements in their “Elite” system. This PREA auditor concluded that ND-YCC was not in compliance with PREA Standard 115.315. Corrective Action was required.

During ND-YCC’s Corrective Action Period (CAP), this auditor conducted two ZOOM meetings with ND-YCC’s Superintendent and PREA Compliance Manager (PCM) to discuss the recommended actions needed to meet compliance with this standard. After the meeting, ND-YCC developed and submitted, in OAS, their “all staff” comprehensive training curriculum. This auditor reviewed the comprehensive training PowerPoint which entailed refresher training on ND-YCC’s policy and procedures regarding the following: 1) cross-gender searches, 2) transgender preference when subject to searches, 3) case-by-case decision-making regarding transgender residents, 4) cross-gender viewing prohibitions/parameters, 5) how to obtain documents in Spanish for LEP resident, 6) how to locate and contact translation services for LEP residents, 7) opposite gender announcements, and 8) documenting opposite gender announcements in the Elite system’s log (after announcing and entering a housing unit). ND-YCC have started requiring all opposite gender staff entering housing units to immediately log their announcement and entrance into their “Elite” electronic logbook, as evidence of announcement when entering. This refresher training had a “knowledge attainment quiz” at its conclusion.

ND-YCC’s PCM also uploaded (in OAS) ND-YCC’s training report, which is used to document and track when ND-YCC staff completes trainings. The training report

	<p>shows the staff member’s name, position, date of training attendance, and completion acknowledgement of training. Finally, this auditor requested to review “<i>Opposite Gender Announcement</i>” documentation in their “<i>Elite</i>” system, which opposite gender staff are required to document that they made the verbal announcement upon entry into Pine or Brown housing units. This auditor requested documentation for the 3rd, 7th, 10th, 14th, 19th, 22nd, 26th, 28th, 30th, and 31st of October, November, December, and January 2024 dates. ND-YCC’s PCM uploaded the “<i>Opposite Gender Announcements</i>” documented in their “<i>Elite</i>” system. This reviewed the OAS uploads. All of the documentation was present for the days requested and submitted.</p> <p>This PREA Auditor concludes that ND-YCC is in compliance with PREA Standard 115.315.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.316. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #4B-06 as evidence of compliance with PREA Standard 115.316. This auditor reviewed ND-YCC’s “ND-DOCR Policy #4B-06” and has concluded that it has the necessary language to align with PREA Standard 115.316.</p> <p>While on site, this auditor did observe PREA reporting postings in English and Spanish. Additionally, this auditor observed PREA resident education videos in English, Spanish, and with closed captioned for the hearing impaired. Though the observed print on the PREA boxes were in English, the PREA Compliance Manager also had reporting signage in English and Spanish near the reporting boxes. Finally, this auditor saw signage for grievance box procedures, sick call boxes, the Intake PREA Intake Education Form and other communicative avenues for a resident to report PREA at ND-YCC in English and Spanish.</p> <p>While on site, this auditor interviewed ND-DOCR’s PREA Coordinator and ND-YCC’s PREA Compliance Manager. Both shared that ND-YCC provide translation/ interpretation to non-English speaking residents through “Language Link.” This auditor later contacted the “Language Link” number (1-877-650-8027), provided ND-YCC’s contract number, and was allowed to speak to an interpreter of the</p>

language of choice. Additionally, while on site, this auditor interviewed a random selection of 12 security staff. Each staff shared that there is a language service for interpretation. However, 0 out of the 12 interviewed knew where and how to access the telephone number/information in case it was needed. Also, 0 out of the 12 interviewed security staff knew about access to services for blind or hearing-impaired residents. Finally, at the time of the audit, NDYCC reported that there were no Limited English Proficient (LEP) residents within the roster provided to this auditor randomly select for interviews while on site and within the last twelve months.

This auditor recommended that ND-YCC provide refresher training to “all staff” on how to access and use ND-YCC’s contracted “Language Link” translation/interpretation services line. They should also be trained in where to quickly locate the information when needed for LEP residents. This PREA auditor concluded that ND-YCC was not in compliance with PREA Standard 115.316. Corrective Action was required.

During ND-YCC’s Corrective Action Period (CAP), this auditor conducted two ZOOM meetings with ND-YCC’s Superintendent and PREA Compliance Manager (PCM) to discuss the recommended actions needed to meet compliance with this standard.

After the meeting, ND-YCC developed and submitted, in OAS, their “all staff” comprehensive training curriculum. This auditor reviewed the comprehensive training PowerPoint which entailed refresher training on ND-YCC’s policy and procedures regarding the following: 1) cross-gender searches, 2) transgender preference when subject to searches, 3) case-by-case decision-making regarding transgender residents, 4) cross-gender viewing prohibitions/parameters, 5) how to obtain documents in Spanish for LEP resident, 6) how to locate and contact translation services for LEP residents, 7) opposite gender announcements, and 8) documenting opposite gender announcements in the Elite system’s log (after announcing and entering a housing unit). ND-YCC have started requiring all opposite gender staff entering housing units to immediately log their announcement and entrance into their “Elite” electronic logbook, as evidence of announcement when entering. Finally, this refresher training had a “knowledge attainment quiz” at its conclusion.

ND-YCC’s PCM also uploaded (in OAS) ND-YCC’s training report, which is used to document and track when ND-YCC staff completes trainings. The training report shows the staff member’s name, position, date of training attendance, and completion acknowledgement of training.

This PREA Auditor concludes that ND-YCC is in compliance with PREA Standard 115.316.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.317. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policies and Procedure #1C-11 as evidence of compliance with PREA Standard 115.317. This auditor reviewed ND-YCC’s “ND-DOCR’s Policy #1C-11,” concluded that both have the necessary language to align with PREA Standard 115.317.</p> <p>While on sight, this PREA auditor interviewed ND-DOCR’s Human Resource (HR) Manager, who identified that ND-DOCR conducts background checks on all employees and contractors during their 5-year background screenings. Additionally, ND-DOCR’s Human Resources Manager shared that background screenings include fingerprinting and NCIC checks.</p> <p>This auditor randomly selected 12 employee files and 3 contractor files. This auditor’s random selection consisted of employees of various years of service. Three of the 10 selected employee files were staff who were promoted. The reviewed files also entailed PREA-related pre-employment screenings, local and national background check verifications, and affirmative duty to disclose. Eleven of the 12 files had all the checks and screenings, aligning with 115.317. The one outlier was a reviewed file from an employee who was hired in 1998 (prior to the PREA law). This employee did not have a background completed when he was promoted in 2006. However, this staff’s file did have a five-year review in 2018 and 2023. Additionally, this auditor reviewed 73 Child Abuse and Neglect Registry check records, and this satisfies the requirements specifically for youth residents. Finally, each year all ND-DOCR employees receive annual performance reviews. Each annual review has 3 PREA reaffirming acknowledgement zero tolerance questions for employees to complete.</p> <p>This PREA auditor concludes that ND-YCC is in compliance with PREA standard 115.317.</p>
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources.</p>

	<p>This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.318. North Dakota Youth Correctional Center (ND-YCC) did not submit evidence of any facility upgrades in the OAS. Furthermore, ND-YCC has not acquired a new facility or made a substantial expansion to existing facilities since their last PREA Audit. According to ND-YCC Facility Director, ND-YCC now only consists of Brown and Pine Cottages. Maple and Hickory cottages now house adult women.</p> <p>While on site, ND-YCC shared and showed this auditor additional cameras added in the year to the cottage dayroom floors and added more pixelation to existing HD cameras in Pine Cottage. Finally, this auditor interviewed ND-YCC’s Director of Resident Care/PREA Compliance Manager who shared that the cameras improved ND-YCC’s surveillance monitoring abilities to enhance their ability to protect residents from sexual abuse.</p> <p>This PREA auditor concludes that ND-YCC is in compliance with PREA Standard 115.318.</p>
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115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.321. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.321. This auditor reviewed ND-YCC’s “ND-DOCR Policy #3C-04” and has concluded that it has the necessary language to align with PREA Standard 115.321.</p> <p>While onsite, this auditor also interviewed a random selection of 12 ND-YCC security staff. This auditor shared a scenario with each security staff. This auditor shared a scenario of a sexual assault occurring in the shower area, the victim immediately runs out and reports the assault to the security staff. Each knew their responsibilities if they were first to be informed, notified, or observe sexual abuse/sexual harassment of a resident. Ten out of twelve interviewed security staff shared their duties to preserve the potential crime scene of the scenario this auditor shared. The 1 interviewed security staff who did not respond similarly to the scenario needed a small prompt, then shared acceptable knowledge as first responder in preserving a potential sexual abuse crime scene.</p>

This auditor also interviewed a random selection of 13 ND-YCC residents. When asked about their knowledge of outside victim advocacy services provided for sexual abuse victims at ND-YCC, 10 out of 13 did not know that there were advocacy services available. This auditor reviewed the "Service Contract (SC)" between ND-DOCR and "Dakota Child Advocacy Center (DCAC)." DCAC serves as the ND-YCC's provider for emotional support for sexual abuse victims. The Service Contract is current and is in place until 10/31/23. This auditor also interviewed specialized medical and mental health staff members who shared that they were familiar with the Service Contract ND-YCC has with the DCAC for victim advocacy services. Additionally, NDYCC's PREA compliance manager shared that ND-YCC transports victim residents to Sanford Medical Center for SANE/SAFE examinations. This auditor observed the posting of the victim advocacy telephone number posted on signage within the facility. This auditor contacted DCAC to verify the collaboration. This auditor was able to make contact and verify DCAC's collaboration with ND-YCC.

This auditor recommended that ND-YCC conduct an all resident PREA Refresher Education focused on "Victim Advocacy Services Access," who provides it for ND-YCC, its purpose, its role, and how it aligns with PREA Standard 115.321. This PREA auditor concluded that ND-YCC was not in compliance with PREA standard 115.321. Corrective Action was required.

During ND-YCC's Corrective Action Period (CAP), this auditor conducted two ZOOM meetings with ND-YCC's Superintendent and PREA Compliance Manager (PCM) to discuss the recommended actions needed to meet compliance with this standard. After the meeting, ND-YCC added "Dakota Child Advocacy Center" (DCAC) and information to ND-YCC's PREA Education. The information is now read aloud to residents sharing about DCAC's emotional support services provided to victims of sexual abuse at ND-YCC. Additionally, ND-YCC conducted a "Resident Refresher/Review-Victim Advocacy." ND-YCC submitted their census for their Brown Unit (11) and Pine Unit (20). This census was accompanied by the refresher/review's review content. The content shared comprehensive information about ND-YCC's partnership with DCAC, DCAC's purpose, role with ND-YCC, and how to contact them. ND-YCC's refresher with the residents was conducted on 12/27/23 for Pine Unit and 12/29/23 for Brown Unit. All Brown (11) and all Pine (20) resident signatures were present with a date, acknowledging receipt of victim advocacy review. All evidence/documentation was uploaded in OAS.

This PREA Auditor concludes that ND-YCC is in compliance with PREA Standard 115.321.

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

This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.322. North Dakota Youth Correctional Center (ND-YCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #1A-27 as evidence of compliance with PREA Standard 115.322. This auditor reviewed ND-YCC's "ND-DOCR Policy #1A-27" and has concluded that it has the necessary language to align with PREA Standard 115.322.

While onsite, this auditor also interviewed 2 Administrative PREA Investigators. This auditor shared a scenario of a resident running out of the shower and immediately reports to staff that they were sexually assaulted by another resident. Each were able to share first responder duties and evidence preservation, and reporting protocols. Additionally, each interviewed administrative investigator shared their investigating procedures/responsibilities when a sexual abuse allegation is assigned to them.

This auditor reviewed ND-DOCR's MOU with North Dakota Highway Patrol (NDHP), which identifies that ND-YCC is responsible for conducting PREA criminal investigations. This auditor also reviewed the "North Dakota Highway Patrol Criminal Investigation Manual." This manual describes the NDHP's responsibilities when conducting criminal investigations. This auditor interviewed a random selection of 18 ND-YCC specialized and security staff, 18 of 18 responded confidently their knowledge as first responders and coordinated response. However, while onsite, this auditor reviewed 4 randomly selected completed PREA investigations, (2 sexual harassment and 2 sexual abuse). This auditor observed that 2 out of 2 sexual abuse cases were not referred to the North Dakota Highway Patrol (NDHP) for investigation.

This auditor recommended that ND-YCC notify the North Dakota Highway Patrol (NDHP) for all sexual abuse incidents/allegations and demonstrate consistency in practice when documenting such referrals. This PREA Auditor concluded that ND-YCC was not in compliance with PREA Standard 115.322. Corrective Action was required.

During ND-YCC's Corrective Action Period (CAP), this auditor conducted two ZOOM meetings with ND-YCC's Superintendent and PREA Compliance Manager (PCM) to discuss the recommended actions needed to meet compliance with this standard. After the meeting, ND-YCC's PREA Compliance Manager developed a "First Responder Report" was developed and be used as an initial incident report from the first person who observed, reported to, received information regarding sexual abuse and/or sexual harassment. The instructions on ND-YCC's submitted "First Responder Report" states, "This form must be completed in its entirety by the First Responder for each individual allegation immediately upon receiving an allegation. Upon completion, this form must be immediately forwarded to the NDYCC PREA Compliance Manager via e-mail. If the First Responder Report indicates sexual

	<p>abuse, ND-YCC’s PREA Compliance Manager will send an email referral to ND Highway Patrol (NDHP) and upload the First Responder Report. ND-YCC’s PCM, submitted the one sexual abuse investigation since this onsite audit. The investigative report and email referral to HP has been uploaded to the OAS. While the First Responder Report is actively in use, the form was created after discussions with this auditor (Post onsite audit). However, this sexual abuse allegation referral to NDHP did take place as discussed per the auditor’s recommendations.</p> <p>Additionally, after the First Responder Report was implemented, ND-YCC’s PREA Compliance Manager conducted an “all staff” refresher training in 1/2024, in which first responder duties were part of the training curriculum. The training PPT also contained training on documenting sexual abuse allegations and sexual harassment allegations on a First Responders Report. ND-YCC’s PCM also uploaded (in OAS) ND-YCC’s training report, which is used to document and track when ND-YCC staff completes trainings. The training report shows the staff member’s name, position, date of training attendance, and completion acknowledgement of training.</p> <p>This PREA Auditor concludes that ND-YCC is in compliance with PREA Standard 115.322.</p>
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115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.331. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #1D-03 as evidence of compliance with PREA Standard 115.331. This auditor reviewed ND-YCC’s “ND-DOCR Policy #1D-03” and has concluded that it has the necessary language to align with PREA Standard 115.331.</p> <p>While onsite, this PREA interviewed 22 randomly selected security staff, specialized, support, volunteer, and contractors. Each acknowledged receiving PREA and/or PREA refresher training. Each knew their responsibilities as first responders and coordinated duties. This auditor also requested, received, and viewed training files of the 22 randomly selected interviewed staff, to verify up-to-date annual PREA training. ND-DOCR’s PREA Coordinator and PREA Compliance Manager printed off ND-YCC’s electronic training tracking spreadsheet, which entailed the staff’s name, name of the training course, the training type, and the date of training completion. The training tracking spreadsheet showed each staff’s training verification of</p>

	<p>attending. This auditor also reviewed the classroom in-person Power Point training curriculum and web-based bi-annual refresher training curriculum used to train employees, contractors, and volunteers. The Power Point and web-based training covered the components identified in PREA Standard 115.331.</p> <p>This PREA auditor concludes that ND-YCC is in compliance with PREA Standard 115.331.</p>
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.332. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #1D-03 as evidence of compliance with PREA Standard 115.332. This auditor reviewed ND-YCC’s “ND-DOCR Policy #1D-03” and has concluded that it has the necessary language to align with PREA Standard 115.332.</p> <p>While onsite, this PREA interviewed 4 randomly selected contractors. Each acknowledged receiving PREA training and refresher training. Each were able to share their responsibilities if informed, observed, or gained knowledge of sexual abuse or sexual harassment. This auditor also requested, received, and viewed PREA training files of the 4 randomly selected interviewed contractors. Additionally, ND-DOCR’s PREA Coordinator and ND-YCC’s PREA Compliance Manager submitted ND-YCC’s lesson plan and power point training for contractors and volunteers. The lesson plan and power point training covered the components identified in PREA Standard 115.331 and 115.332.</p> <p>This PREA auditor concludes that ND-YCC is in compliance with PREA standard 115.332.</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-</p>

audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.333. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #4A-01 as evidence of compliance with PREA Standard 115.333. This auditor reviewed ND-YCC’s “ND-DOCR Policy #4A-01” and has concluded that it has the necessary language to align with PREA Standard 115.333.

While onsite, this auditor visited ND-YCC’s intake area and interviewed the intake Juvenile Services Program Director (JSPD). He shared the entire intake process. The JSPD reported providing residents with PREA information regarding ND-YCC’s zero-tolerance policy and reporting access points at ND-YCC through the ND-DJS Youth Safety Guide, which was noted to be in both English and Spanish, immediately after the intake process has concluded. This auditor noted that the materials were readable, accessible, and contained how to report sexual abuse and harassment. This auditor reviewed the “Resident PREA Presentation” curriculum used for PREA Education. This auditor interviewed 13 residents and 13 out of 13 had all PREA intake quizzes present and 11 out of 13 PREA Education forms present. All but one resident interviewed reported they were familiar with and received the PREA education information during intake. This auditor also reviewed the sign-off/ acknowledgement documentation as evidence of compliance. Additionally, the ND-YCC Compliance Manager reported that residents who didn’t receive PREA education were released within 10 days of intake.

Furthermore, ND-YCC’s PREA Education curriculum and accompanying videos are in English, Spanish and had closed caption capabilities for the hearing impaired. This auditor observed that PREA postings around ND-YCC were readable, consistently placed throughout the facility and were in both English and Spanish. Additionally, ND-YCC’s PREA boxes, grievance boxes, and other communicative avenues for a resident to report PREA at ND-YCC was observed to be in English and Spanish.

This PREA auditor concludes that ND-YCC is in compliance with PREA Standard 115.333.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as

	<p>on-site documents/files reviewed and observations to determine compliance for Standard 115.334. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #ID-05 as evidence of compliance with PREA Standard 115.334. This auditor reviewed ND-YCC’s “ND-DOCR Policy #ID-05” and has concluded that it has the necessary language to align with PREA Standard 115.334.</p> <p>This PREA auditor also reviewed ND-YCC’s 10 module “Specialized Investigator’s Training” in OAS, as evidence of compliance. Each Module contained 10-25 Power Point slides covering topics related to PREA’s investigation standards. This auditor also interviewed one ND-YCC administrative PREA investigator. She knew her responsibilities in, evidence collection, Miranda/Garrity rights, interviewing procedures, understanding victim trauma, and report-writing protocols. The investigator identified the training they received regarding investigating sexual abuse in confinement facilities. This auditor reviewed each interviewed PREA investigator’s training transcript, submitted by ND-DOCR’s PREA Coordinator. There are currently three PREA Investigators currently. These training transcripts verified the specialized training the ND-YCC PREA investigators received training through the modules and through the National Institute of Corrections (NIC).</p> <p>This PREA auditor concludes that ND-YCC is in compliance with PREA Standard 115.334.</p>
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115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.335. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #ID-03 as evidence of compliance with PREA Standard 115.335. This auditor reviewed ND-YCC’s “ND-DOCR Policy #ID-03” and has concluded that it has the necessary language to align with PREA Standard 115.335.</p> <p>While onsite, this PREA auditor also interviewed one ND-YCC’s Mental Health Counselor and Director of Nursing. Each staff identified the training they received regarding effective and professional responding to sexual abuse victims, evidence preservation, reporting procedures, and forensic examination protocols. Both knew their coordinated response responsibilities if a resident is sexually abused at ND-YCC. This auditor also reviewed ND-YCC “PREA Health Care Standards” curriculum,</p>

	<p>which is used to train new medical and mental health staff. This auditor also reviewed the interviewed Medical Care Supervisor and Mental Health Care Supervisor’s training transcript, submitted by ND-DOCR’s PREA Coordinator. These training transcripts verified the specialized training the entire ND-YCC medical and mental health staff received. ND-YCC Medical and mental health staff received training through the web-based curriculum and through the National Institute of Corrections (NIC) training.</p> <p>This auditor reviewed Medical and Mental Health Care staff certificates, which were submitted by ND-DOCR’s PREA Coordinator, verifying the specialized training of all the Medical Care and Mental Health Care staff at ND-YCC.</p> <p>This PREA auditor concludes that ND-YCC is in compliance with PREA Standard 115.335.</p>
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.341. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.341. This auditor reviewed ND-YCC’s “ND-DOCR Policy #3C-04” and has concluded that it has the necessary language to align with PREA Standard 115.341.</p> <p>While on site, this auditor also interviewed the Juvenile Services Program Director (JSPD) and ND-YCC Compliance Manager who explained the process of gathering risk of victimization and abusiveness information. This auditor reviewed the Intake computerized screening tool called the “Sexual Victimization and Abusiveness Risk Assessment.” The computerized screening tool had objective screening questions and calculations (based on information input), to align with PREA Standard 115.341.</p> <p>During the review, this auditor also noted a referral section for residents who have history of sexual victimization or history of sexual perpetration. This auditor asked the PREA Compliance Manager if residents who are identified to have history of sexual victimization or sexual perpetration, are being referred to mental health staff for a follow-up within 14-days of intake screening. She provided verification that mental health referrals are being completed and time stamped via email. This auditor also tracked residents who screened to have history of sexual victimization and/or sexual perpetration, to see if the 14-day follow-up with mental health</p>

occurred. Zero screenings had follow-ups documented. When this auditor interviewed ND-YCC's Mental Health Counselor, she did not have adequate knowledge that a follow-up is required for residents who have history of sexual victimization or sexual perpetration. Additionally, she could not provide progress notes that discussed having seen a resident because of their screening outcome. ND-YCC's Mental Health Counselor shared, "We will start initiating this process immediately" and ensuring that all follow ups are documented in the Elite system as well as a more detailed note in the resident's individual file.

Finally, this auditor interviewed 13 randomly selected ND-YCC residents. This auditor asked the residents if they received a PREA Risk Screening and if those questions were asked again during their stay. Thirteen out of 13 interviewed residents shared that they do recall being asked similar questions again after the initial PREA Risk Screening. This auditor requested and reviewed risk screenings for 13 interviewed residents. Each resident had their initial assessment completed; however, reassessments were not provided. During this auditor's interview with the ND-YCC's Compliance Manager, she stated that periodic assessments were not consistently done. The ND-YCC team have since immediately developed a new addition to their existing Sexual Victimization and Abusiveness Screening form, establishing procedures and their frequency of "periodic" screening re-assessment (every 3-months).

This auditor recommended that ND-YCC review their "PREA Risk Screening" Tool used to ensure that 14-day follow-up sessions are occurring and being properly documented by mental health staff into the "Elite" system. The mental health staff should notate/document that the meeting with the resident was a result of receiving a referral from the screening tool's results. Additionally, the ND-YCC team have developed a new addition to their existing Sexual Victimization and Abusiveness Screening form for "periodic" screening re-assessment. At the time, this auditor could not conclude compliance until ND-YCC established a consistency in practice over a period. This PREA auditor concluded that ND-YCC was not in compliance with PREA standard 115.341. Corrective Action was required.

During ND-YCC's Corrective Action Period (CAP), this auditor conducted two ZOOM meetings with ND-YCC's Superintendent and PREA Compliance Manager (PCM) to discuss the recommended actions needed to meet compliance with this standard. After the meeting, ND-YCC's PREA Compliance Manager developed an additional component to accompany the "Sexual Victimization and Abusiveness Risk Assessment (SVARA)" tool, to ensure that 90-day reassessments are conducted on all residents. Additionally, new procedures were put into place to ensure that follow-ups were conducted within 14 days of completion of the SVARA (administered at intake). ND-YCC's staff administering the SVARA or the PCM send an immediate email referral to the mental health team that a resident was assessed to have history of sexual victimization/perpetration. The mental health practitioner is then required to meet with the resident prior to the 14th day. The mental health practitioner is required to document the session in ND-YCC's "Elite" system.

Additionally, ND-YCC's PREA Compliance Manager uploaded 15 resident intakes

	<p>randomly selected by this auditor (from a list of intakes from 7/2023-10/2023). All randomly requested residents had their SVARA completed and 90-day reassessments completed. Additionally, this auditor requested to review all residents who were admitted to ND-YCC and identified as having a history of sexual victimization and/or perpetration on the SVARA between 9/1/23 through 1/31/24. There were 16 residents admitted in that timeframe. There were documented 14-day follow-ups completed for 10/16 residents by ND-YCC mental health practitioner. The other 6/16 residents who did not receive a follow-up were discharged/released prior to their 14th day. Each of the 10/16 follow-ups were within the appropriate timeframe from the administering of their initial SVARA.</p> <p>This PREA Auditor concludes that ND-YCC is in compliance with PREA Standard 115.341.</p>
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115.342	Placement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.342. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) PREA Rating Manual” #3C-4 as evidence of compliance with PREA Standard 115.342.</p> <p>While on site, this auditor also interviewed the Juvenile Services Program Director (JSPD) and ND-YCC Compliance Manager who explained the process of gathering risk of victimization and abusiveness information. This auditor reviewed the Intake computerized screening tool called the “Sexual Victimization and Abusiveness Risk Assessment.” The computerized screening tool had objective screening questions and calculations (based on information input), to align with PREA Standard 115.341. During the review, this auditor also noted a referral section for residents who have history of sexual victimization or history of sexual perpetration. This auditor asked what other sources of information are gathered to make an accurate determination as the form is completed. The JSPD and Compliance Manager reported that the resident’s initial referral is also considered when deciding.</p> <p>This auditor reviewed the PREA Risk Screening Assessment Tool as well which provides and asks the necessary questions to accurately screen the resident. This auditor observed that the Risk Screening tool was being utilized consistently upon the resident’s arrival to the facility and was completed with all provided information gathered to make an informed decision to appropriately house, bed, and program</p>

	<p>residents. During this auditor’s onsite exhaustive tour, this auditor observed that residents were housed in single rooms and room assignments were placed based on their level. ND-YCC is a constant supervision facility because of their 1 to 8 ratio which continues to reinforce safety.</p> <p>This auditor requested a random selection of six completed risk screening tools of the residents that were interviewed. All six screening tools were present, accurately completed with recommendations and referrals. All screening assessments aligned with PREA Standard 115.342 (pursuant to PREA Standard 115.341). This auditor also interviewed 13 randomly selected ND-YCC residents. This auditor asked the residents if they received a PREA Risk Screening. Thirteen out of 13 interviewed residents shared that they do recall receiving PREA Risk Screening. This auditor asked each interviewed resident if they felt safe within ND-YCC. Thirteen out of 13 residents shared that they felt safe at ND-YCC.</p> <p>Finally, this auditor was unable to interview transgender/intersex residents, as zero were identified on the roster. This auditor interviewed ND-YCC’s PREA Compliance Manager and JSDP and asked how are transgender’s views on their safety considered? Both stated that transgender housing, programming, and showering are considered on a case-by-case basis, and their views of their own safety are part of the considerations.</p> <p>This PREA auditor concludes that ND-YCC is in compliance with PREA Standard 115.342.</p>
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115.351	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.351. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Website and Coordinated Response Plan” as evidence of compliance with PREA Standard 115.351. When this auditor reviewed the Website and the Coordinated Response Plan, each shared 6 different ways to report a sexual abuse or sexual harassment allegation. This auditor concludes that “ND-DOCR’s Website and Coordinated Response Plan” has the necessary language to align with PREA Standard 115.351.</p> <p>While onsite, this PREA auditor interviewed a random selection of 13 ND-YCC residents asking, “Please share with me at least four different ways an resident can report an incident of sexual abuse or sexual harassment?” There were 12 of 13 who</p>

	<p>shared 3 to 4 ways. More than 90% of the 13 interviewed residents stated different staff names, written avenues, or family members (3rd party) that they could report to. When this auditor conducted an exhaustive tour, this auditor observed that the PREA reporting signage throughout the facility was in English and Spanish.</p> <p>Additionally, this auditor observed labeled grievance boxes and a PREA “Brown Box” were placed on each housing unit for confidential reporting. The ND-YCC PREA Compliance Manager reported that residents submit their PREA reports, and she takes the locked boxes directly to DCAC where it is opened, read and the reporting procedure is followed. Finally, this auditor reviewed the resident Safety Guide that outlines all reporting avenues of reporting for residents.</p> <p>This auditor attempted to call the outside agency identified as the “Dakota Child Advocacy Center (DCAC)” reporting hotline number posted on the signage, this auditor spoke with a DCAC counselor who explained the process of receiving PREA reports from ND-YCC and following the reporting process as described by the ND-YCC Compliance Manager and as outlined in the Coordinated Response Plan. Furthermore, this auditor reviewed submitted evidence from ND-YCC’s Compliance Manager that confirms budget monies earmarked for tablets with service provided through “Securus” to enhance current electronic reporting avenues. They also submitted an updated Service Contract with the “Dakota Child Advocacy Center” that included clear language that expands services in responding to electronic reporting by residents.</p> <p>This PREA auditor concludes that ND-YCC is in compliance with PREA standard 115.351.</p>
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.352. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-10 as evidence of compliance with PREA Standard 115.352. This auditor reviewed ND-YCC’s “ND-DOCR Policy #3C-01” and it states, “If an allegation of sexual abuse is reported on a grievance form, it must be removed from the grievance process and processed under the PREA policy as though it were submitted using another permitted method.” This auditor has concluded that “ND-DOCR Policy #3C-01” has the necessary language to align with PREA Standard 115.352.</p>

	<p>This PREA interviewed ND-YCC’s Facility Director/PREA Coordinator and PREA Compliance Manager. Both shared that although the ND-DOCR does not have grievance procedures to address allegations of resident sexual abuse, ND-YCC allows allegations of sexual abuse to be submitted on a grievance form for investigation. The PREA Compliance Manager shared that residents are educated the grievance procedures during PREA Resident Education. This auditor did observe “grievance boxes” on the housing units and labeled. The grievance procedures were posted next to the boxes in English and Spanish.</p> <p>Finally, this auditor interviewed 13 randomly selected residents. Each shared knowledge of the grievance box as an avenue to report PREA incidents.</p> <p>This PREA auditor concludes that ND-YCC is in compliance with PREA Standard 115.352.</p>
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.353. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Website and Coordinated Response Plan” as evidence of compliance with PREA Standard 115.353. When this staff reviewed the Website and the Coordinated Response Plan, each shared 6 different ways to report a sexual abuse or sexual harassment allegation, as well as victim advocacy access for ND-DOCR residents who have been victims of sexual abuse. This auditor concludes that “ND-DOCR’s Website and Coordinated Response Plan” has the necessary language to align with PREA Standard 115.353.</p> <p>This auditor also reviewed ND-DOCR’s Service Contract between ND-DOCR and “Dakota Children’s Advocacy Center (DCAC). DCAC serves as the ND-YCC’s provider for emotional support for sexual abuse victims. All language related to victim advocacy services were present in the Service Contract which is current and in place until 10/31/23. This auditor attempted to call the outside agency identified as the “Dakota Child Advocacy Center (DCAC).” This auditor spoke with a DCAC counselor who explained that they provide emotional support services for ND-YCC resident victims of sexual abuse.</p> <p>This auditor also interviewed specialized medical and mental health staff members</p>

	<p>who shared that they were familiar with the Service Contract ND-YCC has with the DCAC for victim advocacy services. This auditor observed the posting of the victim advocacy telephone number posted on signage within the facility. This auditor contacted DCAC to verify the collaboration. This auditor was able to make contact and verify DCAC’s collaboration with ND-YCC. However, this auditor also interviewed a random selection of 13 ND-YCC residents. When asked about their knowledge of outside victim advocacy services provided for sexual abuse victims at ND-YCC, 10 out of 13 did not know that there were advocacy services available. Finally, each ND-YCC resident shared that they are provided with at least weekly access to the parent, guardians, and confidential access to their attorney or legal representative.</p> <p>This auditor recommended that ND-YCC conduct an all resident PREA Refresher Education focused on “Victim Advocacy Services Access,” who provides it for ND-YCC, its purpose, its role, and how it aligns with PREA Standard 115.353. This PREA auditor concluded that ND-YCC was not in compliance with PREA standard 115.353. Corrective Action was required.</p> <p>During ND-YCC’s Corrective Action Period (CAP), this auditor conducted two ZOOM meetings with ND-YCC’s Superintendent and PREA Compliance Manager (PCM) to discuss the recommended actions needed to meet compliance with this standard. After the meeting, ND-YCC added “Dakota Child Advocacy Center” (DCAC) and information to ND-YCC’s PREA Education. The information is now read aloud to residents sharing about DCAC’s emotional support services provided to victims of sexual abuse at ND-YCC. Additionally, ND-YCC conducted a “Resident Refresher/ Review-Victim Advocacy.” ND-YCC submitted their census for their Brown Unit (11) and Pine Unit (20). This census was accompanied by the refresher/review’s review content. The content shared comprehensive information about ND-YCC’s partnership with DCAC, DCAC’s purpose, role with ND-YCC, and how to contact them. ND-YCC’s refresher with the residents was conducted on 12/27/23 for Pine Unit and 12/29/23 for Brown Unit. All Brown (11) and all Pine (20) resident signatures were present with a date, acknowledging receipt of victim advocacy review. All evidence/ documentation was uploaded in OAS.</p> <p>This PREA Auditor concludes that ND-YCC is in compliance with PREA Standard 115.353.</p>
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources.

	<p>This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.354. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Website and Coordinated Response Plan” as evidence of compliance with PREA Standard 115.354. When this staff reviewed the Website and the Coordinated Response Plan, each shared 6 different ways to report a sexual abuse or sexual harassment allegation, as well as third-party reporting on the behalf of a ND-DOCR resident. This auditor concludes that “ND-DOCR’s Website and Coordinated Response Plan” has the necessary language to align with PREA Standard 115.354.</p> <p>This auditor also reviewed ND-YCC’s Division of Juvenile Services (DJS) Youth Safety Guide, which provided information on ways to report sexual abuse/harassment through a third-party (legal, family, friend, trusting resident). This auditor also reviewed the third-party reporting posted on ND-YCC’s website. While on site, this auditor interviewed a random selection of 13 residents, asking of ways an ND-YCC could report sexual abuse or sexual harassment, 13 out of 13 could respond that they could report through a 3rd Party.</p> <p>This PREA auditor concludes that ND-YCC is in compliance with PREA Standard 115.354.</p>
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115.361	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.361. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policies and Procedures #1C-03 as evidence of compliance with PREA Standard 115.361. This auditor reviewed ND-YCC’s “ND-DOCR Policies #1C-03”, concluding that it has the necessary language to align with PREA Standard 115.361.</p> <p>This auditor also reviewed ND-YCC’s Division of Juvenile Services (DJS) Youth Safety Guide, which provided information to residents on ways to report sexual abuse/harassment through informing staff, third-party (legal, family member, friend), written reporting, and confidential hotline. This auditor also interviewed 22 randomly selected ND-YCC specialized staff, security staff, and contractors. Each knew their coordinated responsibilities if informed, suspects, receive information, or become aware of sexual abuse at ND-YCC. Finally, this auditor interviewed 13</p>

	<p>randomly selected residents. Each interviewed resident shared that staff immediately respond to reports of sexual abuse or sexual harassment. Additionally, this auditor asked each resident, <i>“Do you feel safe here at ND-YCC?”</i> and 13 out of 13 responded that they felt safe.</p> <p>This PREA auditor concludes that ND-YCC is in compliance with PREA Standard 115.361.</p>
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115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.362. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) PREA Coordinated Response Plan” as evidence of compliance with PREA Standard 115.362. When this auditor reviewed the PREA Coordinated Response Plan, shared 6 different ways to report a sexual abuse or sexual harassment allegation, as well as staff responses to protect vulnerable residents and residents at imminent risk of sexual abuse. This auditor concludes that “ND-DOCR’s PREA Coordinated Response Plan” has the necessary language to align with PREA Standard 115.362.</p> <p>This auditor also interviewed 22 randomly selected ND-YCC specialized staff, security staff, and contractors, asking the question, “If you learn that a resident may be at imminent risk of sexual abuse, what steps you would take to protect?” There was a consensus amongst the interviewed staff that they would immediately attempt to mitigate the risk by informing supervisory staff and recommending alternative housing or programming. Finally, this auditor interviewed 13 randomly selected residents. Each interviewed resident shared that there is an immediate response to any reports of resident risk of sexual abuse or sexual harassment.</p> <p>This PREA auditor concludes that ND-YCC is in compliance with PREA Standard 115.362.</p>

115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p>

	<p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.363.</p> <p>While on site, this auditor interviewed ND-YCC’s Facility Director, who reported that ND-YCC has not had an incident in the last 12 months. This auditor confirmed that if an allegation was received by ND-YCC’s Facility Director, he would take the necessary steps to notify the other confinement facility within 72 hours of receipt of information. This auditor requested to see an example of a reporting memo template or a reporting letter template, in which the ND-YCC Facility Director sends to the other confinement facility’s/agency’s head. ND-YCC’s Facility Director further explained the procedure and provided evidence of a “Reporting to Other Confinement Facility” template that is utilized if allegations of abuse from another facility were received.</p> <p>Finally, this auditor interviewed 13 randomly selected residents who all reported that they had not reported sexual abuse from a previous facility and confirmed that they had not also been sexually abused while at ND-YCC.</p> <p>This PREA auditor concludes that ND-YCC is in compliance with PREA Standard 115.363.</p>
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115.364	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.364. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) PREA Coordinated Response Plan” as evidence of compliance with PREA Standard 115.364. This auditor reviewed the PREA Coordinated Response Plan, which shared each specific staff’s responsibility when an incident of sexual abuse is reported. It also shared specific responsibilities of the first responding staff. This auditor concludes that “ND-DOCR’s PREA Coordinated Response Plan” has the necessary language to align with PREA Standard 115.364.</p> <p>While on site, this auditor interviewed 13 randomly selected residents. Each resident shared that they felt comfortable informing staff of any PREA-related</p>

	<p>incident. This auditor also reviewed ND-YCC’s training curriculum, which had all the first responder deliverables within its information. This auditor also interviewed a random selection of 22 specialized staff, contractors, and security staff. This auditor shared a scenario of a sexual assault occurring in the room area and the victim immediately runs out and reports the assault to the interviewed staff. Twenty-two of the 22 interviewed staff and contractors knew their first responder duties.</p> <p>This PREA auditor concludes that ND-YCC is in compliance with PREA Standard 115.364.</p>
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115.365	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.365. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) PREA Coordinated Response Plan” as evidence of compliance with PREA Standard 115.365. This auditor reviewed the PREA Coordinated Response Plan, which shared each specific staff’s coordinated responsibility when an incident of sexual abuse is reported. It also shared specific responsibilities of the first responding staff. This auditor concludes that “ND-DOCR’s PREA Coordinated Response Plan” has the necessary language to align with PREA Standard 115.365.</p> <p>While on site, this auditor also interviewed 22 specialized staff, contractor, and security staff. This auditor shared a scenario of a sexual assault occurring in the room area and the victim immediately runs out and reports the assault to the interviewed staff. There were 22 of the 22 interviewed staff who knew their first responder duties. No staff or contractor needed prompting. Furthermore, this auditor asked each interviewed specialized staff (medical, mental health, facility supervisory, PREA Compliance Manager, etc.) their coordinated responsibilities if a resident is sexually abused while they are on duty (not the 1st Responder). Each member of staff knew their coordinated responsibilities.</p> <p>This PREA auditor concludes that ND-YCC is in compliance with PREA Standard 115.365.</p>

115.366	Preservation of ability to protect residents from contact with abusers
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.366. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.366. This auditor reviewed ND-YCC’s “ND-DOCR Policy #3C-04” and has concluded that it has the necessary language to align with PREA Standard 115.366.</p> <p>This PREA Auditor did not receive any pre-audit documents from North Dakota Youth Correctional Center (ND-YCC) to be reviewed. North Dakota Youth Correctional Center (ND-YCC) reported in their Pre-Audit Questionnaire that they have not engaged in collective bargaining on their agency’s behalf or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>This PREA auditor concludes that ND-YCC is in compliance with PREA Standard 115.366.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.367. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 and PREA Coordinated Response Plan” as evidence of compliance with PREA Standard 115.367. This auditor reviewed ND-YCC’s “ND-DOCR Policy #3C-04” and “PREA Coordinated Response Plan,” concluding that both have the necessary language to align with PREA Standard 115.367, specifically retaliation monitoring procedures.</p> <p>While on site, this auditor interviewed 1 ND-YCC Administrative PREA Investigator. She submitted evidence of specialized training and knew her responsibilities regarding evidence collection, Miranda/Garrity rights, interviewing procedures,</p>

	<p>retaliation monitoring, and report-writing protocols. This auditor requested to see a random selection of 4 completed PREA Administrative Investigations within the last 12 months (3 Substantiated and 1 Unsubstantiated). While reviewing each selected completed investigation packet, this auditor reviewed “retaliation monitoring” documentation present in all 4 completed investigations, as evidence that retaliation monitoring was conducted. This auditor reviewed the documented evidence of retaliation but did not observe resident signatures with face-to-face status check-ins. This auditor recommends obtaining resident initials/signature upon completion of retaliation status check-ins. his will allow for easier evidentiary documentation of monitoring.</p> <p>This PREA auditor concludes that ND-YCC is in compliance with PREA Standard 115.367.</p>
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.368. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.368. This auditor reviewed ND-YCC’s “ND-DOCR Policy #3C-04” and has concluded that it has the necessary language to align with PREA Standard 115.368.</p> <p>While on site, this auditor also individually interviewed 12 ND-YCC Security staff, ND-YCC’s Facility Director ND-YCC’s PREA Compliance Manager, and ND-YCC’s Director of Resident Care. Each was consistent that ND-YCC does not use segregation/isolation. During the exhaustive tour, it was observed that all residents have single rooms. Each of the above-mentioned interviewed staff also reported that reporting residents are separated by housing reassignments, as well as programming separation/adjustments to ensure the resident’s safety.</p> <p>This auditor also engaged in informal conversations with 3 randomly selected residents who reported sexual harassment at ND-YCC. Each resident shared that they have not been placed in protective custody for reporting sexual harassment. Additionally, through interviews with a random selection of 13 total ND-YCC residents confirmed that involuntary segregation/protective custody is not used for the residents who report sexual abuse.</p> <p>This auditor concludes that ND-YCC is in compliance with PREA Standard 115.368.</p>

115.371	Criminal and administrative agency investigations
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1481 792">This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.371. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04,” as evidence of compliance with PREA Standard 115.371. This auditor reviewed ND-YCC’s “ND-DOCR Policies #3C-04,” concluding that all have the necessary language to align with PREA Standard 115.371, specifically investigation procedures.</p> <p data-bbox="280 833 1481 1326">While on site, this auditor interviewed 1 ND-YCC Administrative PREA Investigator. ND-YCC’s PREA Compliance Manager submitted copies of their PREA Investigator’s Specialized Training through the National Institute of Corrections (NIC). The investigator knew her responsibilities regarding evidence collection, Miranda/Garrity rights, interviewing procedures, retaliation monitoring, and report-writing protocols. This auditor requested to see a random selection of 4 completed PREA Administrative Investigations within the last 12 months (3 Substantiated and 1 Unsubstantiated). The 4 reviewed investigation files submitted were neatly organized, had detailed and robust content from initial incident and interviews to evidence identification. Furthermore, the investigation reports had a detailed summary of the investigation, preponderance of evidence conclusion (substantiated, unsubstantiated, or unfounded), and recommendations.</p> <p data-bbox="280 1366 1481 1774">This PREA auditor also reviewed ND-YCC PREA Coordinated Response Plan’s, which discussed the conduct of Administrative PREA Investigations. This auditor also reviewed ND-YCC’s Memorandum of Understanding (MOU) with North Dakota Highway Patrol (NDHP) to conduct sexual abuse criminal allegations at ND-YCC. This auditor also reviewed the “North Dakota Highway Patrol Criminal Investigation Manual.” This manual describes the NDHP’s responsibilities when conducting criminal investigations. However, while onsite, this auditor reviewed 4 randomly selected completed PREA investigations, (2 sexual harassment and 2 sexual abuse). This auditor observed that 2 out of 2 sexual abuse cases were not referred to the North Dakota Highway Patrol (NDHP) for investigation.</p> <p data-bbox="280 1814 1481 2011">This auditor recommended that ND-YCC notify the North Dakota Highway Patrol (NDHP) for all sexual abuse incidents/allegations and demonstrate consistency in practice when documenting such referrals. This PREA Auditor concluded that ND-YCC was not in compliance with PREA Standard 115.371. Corrective Action was required.</p> <p data-bbox="280 2051 1449 2087">During ND-YCC’s Corrective Action Period (CAP), this auditor conducted two ZOOM</p>

	<p>meetings with ND-YCC’s Superintendent and PREA Compliance Manager (PCM) to discuss the recommended actions needed to meet compliance with this standard. After the meeting, ND-YCC’s PREA Compliance Manager developed a “First Responder Report” was developed and be used as an initial incident report from the first person who observed, reported to, received information regarding sexual abuse and/or sexual harassment. The instructions on ND-YCC’s submitted “First Responder Report” states, “This form must be completed in its entirety by the First Responder for each individual allegation immediately upon receiving an allegation. Upon completion, this form must be immediately forwarded to the NDYCC PREA Compliance Manager via e-mail. If the First Responder Report indicates sexual abuse, ND-YCC’s PREA Compliance Manager will send an email referral to ND Highway Patrol (NDHP) and upload the First Responder Report. ND-YCC’s PCM, submitted the one sexual abuse investigation since this onsite audit. The investigative report and email referral to HP has been uploaded to the OAS. While the First Responder Report is actively in use, the form was created after discussions with this auditor (Post onsite audit). However, this sexual abuse allegation referral to NDHP did take place as discussed per the auditor’s recommendations.</p> <p>Additionally, after the First Responder Report was implemented, ND-YCC’s PREA Compliance Manager conducted an “all staff” refresher training in 1/2024, in which first responder duties were part of the training curriculum. The training PPT also contained training on documenting sexual abuse allegations and sexual harassment allegations on a First Responders Report. ND-YCC’s PCM also uploaded (in OAS) ND-YCC’s training report, which is used to document and track when ND-YCC staff completes trainings. The training report shows the staff member’s name, position, date of training attendance, and completion acknowledgement of training.</p> <p>This PREA Auditor concludes that ND-YCC is in compliance with PREA Standard 115.371.</p>
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.372. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) PREA Coordinated Response Plan” as evidence of compliance with PREA Standard 115.372. This auditor reviewed the PREA Coordinated Response Plan, which shared each specific staff’s coordinated responsibility when an incident of sexual abuse is reported. It</p>

	<p>also shared specific responsibilities of the Administrative PREA Investigator(s). This auditor concludes that “ND-DOCR’s PREA Coordinated Response Plan” has the necessary language to align with PREA Standard 115.372.</p> <p>While on site, this auditor interviewed 1 ND-YCC Administrative PREA Investigator. ND-YCC’s PREA Compliance Manager submitted copies of their PREA Investigator’s Specialized Training through the National Institute of Corrections (NIC). The investigator knew her responsibilities regarding evidence collection, Miranda/Garrity rights, interviewing procedures, retaliation monitoring, and report-writing protocols. This auditor requested to see a random selection of 4 completed PREA Administrative Investigations within the last 12 months (3 Substantiated and 1 Unsubstantiated). The 4 reviewed investigation files submitted were neatly organized, had detailed and robust content from initial incident and interviews to evidence identification. Furthermore, 4 out of 4 investigation reports had a detailed summary of the investigation, preponderance of evidence conclusion (substantiated, unsubstantiated, or unfounded), retaliation monitoring, victim notifications and recommendations.</p> <p>This PREA Auditor concludes that ND-YCC is in compliance with PREA Standard 115.372.</p>
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115.373	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.373. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) PREA Coordinated Response Plan” as evidence of compliance with PREA Standard 115.373. This auditor reviewed the PREA Coordinated Response Plan, which shared each specific staff’s coordinated responsibility when an incident of sexual abuse is reported. It also shared specific responsibilities of the Administrative PREA Investigator(s). This auditor concludes that “ND-DOCR’s PREA Coordinated Response Plan” has the necessary language to align with PREA Standard 115.373.</p> <p>While on site, this auditor interviewed 1 ND-YCC Administrative PREA Investigator. ND-YCC’s PREA Coordinator submitted copies of the 3 PREA Investigator’s Specialized Training through the National Institute of Corrections (NIC). The interviewed investigator knew her responsibilities regarding evidence collection, Miranda/Garrity rights, interviewing procedures, retaliation monitoring, and report-</p>

	<p>writing protocols. This auditor requested to see a random selection of 4 completed PREA Administrative Investigations within the last 12 months (3 Substantiated and 1 Unsubstantiated). The 4 reviewed investigation files submitted were neatly organized, had detailed and robust content from initial incident and interviews to evidence identification. Furthermore, all 4 investigation reports had a detailed summary of the investigation, preponderance of evidence conclusion (substantiated, unsubstantiated, or unfounded), retaliation monitoring, victim notifications and recommendations. Finally, all 4 reviewed files had "Notice of PREA Investigation Status" completed and signed by residents.</p> <p>This PREA Auditor concludes that ND-YCC is in compliance with PREA Standard 115.373</p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.376. North Dakota Youth Correctional Center (ND-YCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #1C-22 and #3C-04" as evidence of compliance with PREA Standard 115.376. This auditor reviewed ND-YCC's "ND-DOCR Policies #1C-22 and #3C-04, concluding that all have the necessary language to align with PREA Standard 115.372, specifically disciplinary sanctions for staff.</p> <p>This PREA auditor also reviewed the ND-DOCR "Employee Handbook." This auditor also interviewed ND-YCC's Facility Director, ND-YCC's PREA Compliance Manager, and ND-DOCR's Human Resources Manager. Each universally shared ND-DOCR's Employee Termination Policy which states, "Involuntary termination is the most severe disciplinary action and is intended as a final action. This level of discipline will normally be taken when previous disciplinary actions have been ineffective. Termination from employment may be used earlier in the disciplinary process when it is necessary and consistent with the serious nature of the performance or behavioral infraction. Termination from employment action requires the supervisor to carry out a pre-action process." ND-YCC's Facility Director further shared that ND-YCC responses for substantiated outcomes of sexual abuse and sexual harassment investigations can range in various forms of disciplinary actions, up to termination and criminal referral.</p> <p>This PREA auditor concludes that ND-YCC is in compliance with PREA Standard 115.376.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.377. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.377. This auditor reviewed ND-YCC’s “ND-DOCR Policy #3C-04” and has concluded that it has the necessary language to align with PREA Standard 115.377.</p> <p>While on site, this auditor also interviewed ND-YCC’s Facility Director, ND-YCC’s PREA Compliance Manager, and ND-DOCR’s Human Resources Manager. Each universally shared that the extent of ND-DOCR’s disciplinary actions for contractors and volunteers are based on the incident and review of actions ND-DOCR has historically taken with similar infractions. ND-DOCR’s PREA Policy (3C-04) states, “Disciplinary measures for any contractor or volunteer who has been found to have engaged in sexual abuse or sexual harassment will be commensurate with disciplinary measures used with facility staff for similar offenses.” ND-YCC’s Facility Director further shared that ND-YCC responses for substantiated outcomes of sexual abuse and sexual harassment investigations can range in various forms of disciplinary measures, up to notifying licensing bodies and criminal referral.</p> <p>This PREA auditor concludes that ND-YCC is in compliance with PREA Standard 115.377.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.378. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Facility Handbook” as evidence of compliance with PREA Standard 115.378. This auditor reviewed the PREA Coordinated Response Plan, which shared each specific staff’s coordinated</p>

responsibility when an incident of sexual abuse is reported. It also shared specific responsibilities of the Administrative PREA Investigator(s). This auditor concludes that “ND-DOCR’s PREA Coordinated Response Plan” has the necessary language to align with PREA Standard 115.378.

This auditor interviewed 13 residents and asked about ND-YCC’s rules and sanctions for resident-on resident sexual abuse or sexual harassment. Residents were clear that sexual abuse and sexual harassment is not tolerated at ND-YCC. Residents are told at intake that they have a zero-tolerance policy for sexual abuse and sexual harassment and all allegations are taken seriously. If one is found to falsely report, they could receive loss of privileges to criminal charges.

This PREA auditor interviewed ND-YCC’s Facility Director, PREA Compliance Manager, and well as ND-YCC’s Director of Resident Care, who all shared ND-YCC’s protocol on substantiated resident-on-resident sexual abuse investigations. All were aligned with policy on resident sanctions for sexual abuse/sexual harassment sharing that sanctions are 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. Each interviewed also shared that the treatment team do take into considerations any diagnosed/ documented mental health history/mental disabilities.

Finally, this auditor interviewed the Human Relations Counselor/Brief Strategic Counselor who provides therapeutic services within the facility. She reported that she provides trauma-based services as well as access to outside services through the North Dakota Child Advocacy Center (NDCAC). Further, she provides individual and family therapy as well as makes connections to services prior to discharge for residents. Lastly, she confirmed that if it was determined that a resident required mental health or medical services they still offer and provide them, but not as a condition to access to general programming or education.

This PREA auditor concludes that ND-YCC is in compliance with PREA Standard 115.378.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-

audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.381. North Dakota Youth Correctional Center (ND-YCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 and #4F-10 "Sexual Victimization and Abusiveness Risk Assessment" as evidence of compliance with PREA Standard 115.381. This auditor reviewed ND-YCC's "ND-DOCR Policies #3C-04 and #4F-10" and has concluded that it has the necessary language to align with PREA Standard 115.381.

While on site, this auditor also interviewed the Juvenile Services Program Director (JSPD) and ND-YCC Compliance Manager who explained the process of gathering risk of victimization and abusiveness information. This auditor reviewed the Intake computerized screening tool called the "Sexual Victimization and Abusiveness Risk Assessment." The computerized screening tool had objective screening questions and calculations (based on information input), to align with PREA Standard 115.341. During the review, this auditor also noted a referral section for residents who have history of sexual victimization or history of sexual perpetration.

This auditor asked the PREA Compliance Manager if residents who are identified to have history of sexual victimization or sexual perpetration, are being referred to mental health staff for a follow-up within 14-days of intake screening. She provided verification that mental health referrals are being completed and time stamped via email. This auditor also tracked residents who screened to have history of sexual victimization and/or sexual perpetration, to see if the 14-day follow-up with mental health occurred. Zero screenings had follow-ups documented. When this auditor interviewed ND-YCC's Mental Health Counselor, she did not have adequate knowledge that a follow-up is required for residents who have history of sexual victimization or sexual perpetration. Additionally, she could not provide progress notes that discussed having seen a resident because of their screening outcome. ND-YCC's Mental Health Counselor shared, "We will start initiating this process immediately" and ensuring that all follow ups are documented in the Elite system as well as a more detailed note in the resident's individual file.

This auditor recommended that ND-YCC review their "PREA Risk Screening" Tool used to ensure that 14-day follow-up sessions are occurring and being properly documented by mental health staff into the "Elite" system. The mental health staff should notate/document that the meeting with the resident was a result of receiving a referral from the screening tool's results. As a result, this auditor could not conclude compliance until ND-YCC established consistency in practice over a period. This PREA auditor concluded that ND-YCC was not in compliance with PREA Standard 115.381. Corrective Action was required.

During ND-YCC's Corrective Action Period (CAP), this auditor conducted two ZOOM meetings with ND-YCC's Superintendent and PREA Compliance Manager (PCM) to discuss the recommended actions needed to meet compliance with this standard. After the meeting, ND-YCC's PREA Compliance Manager developed new procedures

	<p>to ensure that follow-ups were conducted within 14 days of completion of the SVARA (administered at intake). ND-YCC’s staff administering the SVARA or the PCM send an immediate email referral to the mental health team that a resident was assessed to have history of sexual victimization/perpetration. The mental health practitioner is then required to meet with the resident prior to the 14th day. The mental health practitioner is required to document the session in ND-YCC’s “Elite” system. This auditor requested to review all residents who were admitted to ND-YCC and identified as having a history of sexual victimization and/or perpetration on the SVARA between 9/1/23 through 1/31/24. There were 16 residents admitted in that timeframe. There were documented 14-day follow-ups completed for 10/16 residents by ND-YCC mental health practitioner. The other 6/16 residents who did not receive a follow-up were discharged/released prior to their 14th day. Each of the 10/16 follow-ups were within the appropriate timeframe from the administering of their initial SVARA.</p> <p>This PREA Auditor concludes that ND-YCC is in compliance with PREA Standard 115.381.</p>
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115.382	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.382.</p> <p>While on site, this auditor conducted an exhaustive tour of ND-YCC medical clinic and medical triage area. This area was fully equipped with medical personnel and space of varying degrees to assist ND-YCC residents with medical needs in house. This this auditor interviewed ND-YCC’s Human Relations/Mental Health Counselor and Medical Nursing staff shared that the medical team pick up resident “sick call forms” each day when the specific day’s nurse arrives on shift. Furthermore, the Medical Nursing staff shared that victims of sexual abuse have immediate unimpeded access to medical services. Decisions are made based on she and her team’s professional judgements. She further stated that victims are informed about emergency contraception, provided with follow-up medical services. The Human Relations/Mental Health Counselor and Medical Nursing staff shared that they work together with the “Mobile Crisis Unit” and the “Dakota Children’s Advocacy Center: to ensure that the resident is receiving appropriate medical, mental health, psychiatric, and emotional support provisions. Finally, ND-YCC Medical Nursing staff shared that medical, mental health, and crisis intervention services are provided to</p>

	<p>the victims of sexual abuse without financial cost.</p> <p>This PREA auditor concludes that ND-YCC is in compliance with PREA Standard 115.382.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.383.</p> <p>While on site, this auditor conducted an exhaustive tour of ND-YCC medical clinic and medical triage area. This area was fully equipped with medical personnel and space of varying degrees to assist ND-YCC residents with medical needs in house. This this auditor interviewed ND-YCC’s Human Relations/Mental Health Counselor and Medical Nursing staff shared that the medical team pick up resident “sick call forms” each day when the specific day’s nurse arrives on shift. Furthermore, the Medical Nursing staff shared that victims of sexual abuse have immediate unimpeded access to medical services. Decisions are made based on she and her team’s professional judgements. She further stated that victims are informed about emergency contraception, provided with follow-up medical services. The Human Relations/Mental Health Counselor and Medical Nursing staff shared that they work together with the “<i>Mobile Crisis Unit</i>” and the “<i>Dakota Children’s Advocacy Center</i>” to ensure that the resident is receiving appropriate medical, mental health, psychiatric, and emotional support provisions. They also reported checking sick calls four to six times daily and having an on-call rotation that ensures an immediate crisis response. Finally, ND-YCC Medical Nursing staff shared that medical, mental health, and crisis intervention services are provided to the victims of sexual abuse without financial cost.</p> <p>This PREA auditor concludes that ND-YCC is in compliance with PREA Standard 115.383.</p>

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard

Auditor Discussion

This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.386. North Dakota Youth Correctional Center (ND-YCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.386. This auditor reviewed ND-YCC's "ND-DOCR Policy #3C-04" and has concluded that it has the necessary language to align with PREA Standard 115.386.

This auditor verified through interviews with ND-DOCR's PREA Coordinator, ND-YCC's PREA Compliance Manager, and ND-YCC's Facility Director, that "Sexual Incident Review Form (SIRF)" meetings occur within 30 days after the conclusion of a PREA Investigation of sexual abuse. They also shared that these meetings consist of representations from the ND-YCC PREA team members, security supervisory, upper-management, medical/mental health, and facility leadership. Finally, ND-YCC PREA Coordinator shared ND-DOCR's "Sexual Incident Review Form (SIRF)," as evidence of compliance, due to 2 reported sexual abuse criminal investigations within the past 12 months. ND-YCC's "Sexual Incident Review Form" has all the required components to align with PREA Standard 115.386. Excerpts from ND-YCC's SIRF states,

(1) *"Is there a need to change policy or practice to better prevent, detect, or respond to sexual abuse?"*

(2) *Was this incident or allegation motivated by race, ethnicity, gender, lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status, gang affiliation, or motivated or otherwise caused by other group dynamics at the facility?"*

(3) *Does the area in the facility where the incident allegedly occurred? contain physical barriers in the area that may enable abuse?"*

(4) *Are current staffing levels adequate in the incident location/area during different shifts?"*

(5) *Should additional monitoring technology be deployed or augmented to supplement supervision by staff?"*

This auditor requested to see a random selection of 4 completed PREA Administrative Investigations within the last 12 months (3 Substantiated and 1 Unsubstantiated). The 4 reviewed investigation files submitted were neatly organized, had detailed and robust content from initial incident and interviews to evidence identification. Furthermore, 2 of the 4 files were sexual abuse investigation reports (both substantiated). Each file has its completed Sexual abuse Incident

	<p>Review (SAIR) meeting agenda and report present in the investigation file. Finally, each SAIR occurred within 30 days of the conclusion of the investigation.</p> <p>This PREA auditor concludes that ND-YCC is in compliance with PREA Standard 115.386.</p>
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.387. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.387. This auditor reviewed ND-YCC’s “ND-DOCR Policy #3C-04” and has concluded that it has the necessary language to align with PREA Standard 115.387.</p> <p>This PREA auditor reviewed ND-DOCR’s website: https://www.docr.nd.gov/prison-rape-elimination-act-overview/docr-prea-audit-reports-and-annual-reports and able to view North Dakota Youth Correctional Center’s 2021 and 2022 Annual Reports. This auditor was able to verify that uniformed data is collected and disseminated to the public. These annual reports also consisted of ND-YCC’s incident-based sexual abuse data collected annually. ND-DOCR’s PREA Coordinator was able to show how their data is collected and stored for audit, review, and corrective action purposes.</p> <p>This PREA auditor concludes that ND-YCC is in compliance with PREA Standard 115.387.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as</p>

	<p>on-site documents/files reviewed and observations to determine compliance for Standard 115.388. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.388. This auditor reviewed ND-YCC’s “ND-DOCR Policy #3C-04” and has concluded that it has the necessary language to align with PREA Standard 115.388.</p> <p>This PREA auditor reviewed ND-DOCR’s website: https://www.docr.nd.gov/prison-rape-elimination-act-overview/docr-prea-audit-reports-and-annual-reports and able to view North Dakota Youth Correctional Center’s 2021 and 2022 Annual Reports. This auditor was able to verify that uniformed data is collected and disseminated to the public. These annual reports also consisted of ND-YCC’s incident-based sexual abuse data collected annually. ND-DOCR’s PREA Coordinator was able to show how their data is collected and stored for audit, review, and corrective action purposes.</p> <p>This PREA auditor concludes that ND-YCC is in compliance with PREA Standard 115.388.</p>
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115.389	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed North Dakota Youth Correctional Center (ND-YCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.389. North Dakota Youth Correctional Center (ND-YCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.389. This auditor reviewed ND-YCC’s “ND-DOCR Policy #3C-04” and has concluded that it has the necessary language to align with PREA Standard 115.389.</p> <p>This PREA auditor reviewed ND-DOCR’s website: https://www.docr.nd.gov/prison-rape-elimination-act-overview/docr-prea-audit-reports-and-annual-reports and able to view North Dakota Youth Correctional Center 2021 and 2022 Annual Reports. This auditor was able to verify that uniformed data is collected and disseminated to the public. These annual reports also consisted of ND-YCC’s incident-based sexual abuse data collected annually. ND-DOCR’s PREA Coordinator was able to show how their data is collected and stored for audit, review, and corrective action purposes.</p> <p>Finally, ND-YCC also reported that PREA-related sexual abuse data is stored and maintained for a minimum of 10 years (pursuant to 115.387). ND-YCC submitted</p>

	<p>their ND-DOCR Chapter 25-03.3 “Commitment to Sexually Dangerous Individuals” Policy -(25-03.3-04 Retention of records) which states, “Notwithstanding any other provision of law, all adult and juvenile case files and court records of an alleged offense defined by chapters 12.1-20 and 12.1-27.2 must be retained for twenty-five years and made available to any state's attorney for purposes of investigation or proceedings pursuant to this chapter. If the subject of a case file or court record has died before the expiration of the twenty-five-year period, the official, department, or agency possessing the case files and records shall maintain the case files and records in accordance with the case file and records retention policies of that official, department, or agency. For purposes of this section, "adult and juvenile case files" mean the subject's medical, psychological, and treatment clinical assessments, evaluations, and progress reports; offenses in custody records; case notes; and criminal investigation reports and records.”</p> <p>This PREA auditor concludes that ND-YCC is in compliance with PREA standard 115.389.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>ND-YCC understands PREA Standard 115.401, which states, “During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.” ND-YCC plans to continue to have a PREA audit conducted every three years. This is ND-YCC’s fourth PREA Facility Audit and the first year of the current audit cycle. The auditor had access to, and the ability to observe, all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents. The auditor was permitted to conduct private interviews with residents. The ND-YCC residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>This PREA auditor concludes that ND-YCC is in compliance with PREA Standard 115.401.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	North Dakota Corrections and Rehabilitation (ND-DOCR) submitted their ND-DOCR’s

<p>website: https://www.docr.nd.gov/prison-rape-elimination-act-overview/docr-prea-audit-reports-and-annual-reports. This auditor was able to view North Dakota Youth Correctional Center's Cycle 1, Cycle 2, and Cycle 3 PREA Audit Final Reports. This auditor was also able to see North Dakota Youth Correctional Center's 2020, 2021 and 2022 Annual Reports. This website is available for public viewing.</p>
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Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.312 (b)	Contracting with other entities for the confinement of residents	

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

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	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	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na
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	yes

	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?	
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 aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

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

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
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	Hiring and promotion decisions	

(c)		
	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	yes

	employees?	
	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 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.)	yes
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	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	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.)	yes
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	yes

	the agency attempt to ascertain information about: Age?	
	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	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
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	yes

	making facility and housing placement decisions and programming assignments?	
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?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
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	yes

	entity or office that is not part of the agency?	
	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	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
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	yes

	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?	
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	yes

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

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

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

	of sexual abuse, does the agency: Act promptly to remedy any such 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: 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	Criminal and administrative agency investigations	

(f)		
	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	yes

	does not provide a basis for terminating an investigation?	
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	yes

	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?	
	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.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
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	yes

	cooperates with any investigation arising out of the incident?	
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	yes

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

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

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