

# PREA Facility Audit Report: Final

**Name of Facility:** Red River Valley Juvenile Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 12/21/2020

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Matt Bauer	<b>Date of Signature:</b> 12/21/2020

AUDITOR INFORMATION	
<b>Auditor name:</b>	Bauer, Matt
<b>Email:</b>	matthew.bauer@co.dakota.mn.us
<b>Start Date of On-Site Audit:</b>	08/17/2020
<b>End Date of On-Site Audit:</b>	08/17/2020

FACILITY INFORMATION	
<b>Facility name:</b>	Red River Valley Juvenile Center
<b>Facility physical address:</b>	600 Bruce St. , Crookston, Minnesota - 56716
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	816 Marin Ave, Ste 110, Crookston, Minnesota - 56716

<b>Primary Contact</b>	
<b>Name:</b>	Kyle Allen
<b>Email Address:</b>	kyle.allen@co.polk.mn.us
<b>Telephone Number:</b>	2184708321

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Kyle Allen
<b>Email Address:</b>	kyle.allen@co.polk.mn.us
<b>Telephone Number:</b>	218-470-8321

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Kyle Allen
<b>Email Address:</b>	kyle.allen@co.polk.mn.us
<b>Telephone Number:</b>	O: (218) 470-8323

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Holly Blilie
<b>Email Address:</b>	holly.blilie@co.polk.mn.us
<b>Telephone Number:</b>	218-521-7771

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	16
<b>Current population of facility:</b>	4
<b>Average daily population for the past 12 months:</b>	9
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	10 - 18
<b>Facility security levels/resident custody levels:</b>	Secure and Residential
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	14
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	5
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Tri-County Community Corrections
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	816 Marin Avenue, Suite 110, Crookston, Minnesota - 56716
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

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

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Paul Bissonette	<b>Email Address:</b>	paul.bissonette@co.polk.mn.us

## AUDIT FINDINGS

### **Narrative:**

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

This PREA auditor provided a link to the PREA Online Audit System (OAS) to the Red River Valley Juvenile Center PREA Coordinator. Access to the OAS to create and begin submitting the pre-audit information was provided approximately 8 weeks prior to the on-site audit. The on-site audit was then postponed because of the COVID-19 pandemic, which allowed for more time for the facility to complete and submit information on the PREA OAS. The pre-audit questionnaire was completed and available for my review approximately 6 weeks before the rescheduled on-site audit. The information was detailed, organized, and provided a good overview of their PREA compliance efforts. The information provided included: the audit questionnaire, supporting policies, training records, labor agreements, PREA risk screening document, annual reports, resident education, documentation of unannounced rounds, organizational chart, and other documents. During the pre-audit phase this information was reviewed and prior to the onsite audit contact was made with the superintendent to develop the onsite schedule.

During the pre-onsite audit period, the facility posted an auditor announcement indicating the PREA auditor would be on-site August 17-18, 2020 for the scheduled on-site audit. The announcement included the mailing address and phone number of the auditor for residents and staff to confidentially correspond with the auditor. The auditor received no confidential correspondence from any residents, family of residents, or staff prior to the on-site audit. The on-site audit was originally scheduled for April 2020 but was postponed because of COVID-19 concerns until August 10, 2020.

On August 10, 2020 I arrived at Red River Valley Juvenile Center at 8:00am and was met by the Facility Superintendent, also known as the PREA Compliance Manager. We had spoken by phone the week prior to establish the logistics of the on-site audit. We met on the 10th to review the logistics and the schedule for staff and resident interviews the facility capacity is 16 youth. They are licensed to hold up to 8 youth in secure custody and 8 youth in non-secure custody. On the day of the audit there were a total of 11 youth in the facility, 4 in the non-secure and 7 in secure placement. I was provided a current resident roster for my records. I was also provided a staff roster for planning staff interviews. The list included current staff, contractors, and volunteers. I was then led on a tour of the facility by the superintendent.

The auditor was then led by the Superintendent on a comprehensive tour of the facility. I had access to and viewed all areas of the facility to include the gymnasium, living units, intake area, day areas surrounding the individual resident rooms where meals are served and much of the resident's day is spent. The auditor observed the notice of upcoming PREA audit and resident PREA information posted throughout the facility. The auditor observed comprehensive camera coverage throughout. There were lockboxes outside of all living areas for grievances and PREA reports that were observed to have paper and writing instruments available. Following the tour, the auditor conducted interviews of residents and staff, reviewed training and screening records, and facility documentation related to the PREA standards.

The auditor interviewed staff from all shifts and who worked both part-time and fulltime. The staff interviews included: Agency Head, Facility Superintendent, PREA Compliance Manager, PREA Coordinator, Facility Nurse, staff who conduct screenings and who monitor for retaliation. A total of 12

staff were interviewed on this day. There were two staff out on medical leave that could not be interviewed. The auditor attempted to interview all 11 residents, but 1 resident was on a COVID-19 quarantine status and 2 residents refused to be interviewed. A total of 8 out of 11 residents were interviewed on this day. The auditor interviewed 4 female residents and 4 male residents. The auditor completed a targeted interview with 1 resident who had reported sexual abuse, 1 resident who identified as LGBTI, and 1 resident under the disabled/LEP category. A total of 3 specialized resident interviews were completed. The auditor was unable to meet the number of resident interviews required in the PREA handbook because of the low overall number of residents in the facility on this day.

## AUDIT FINDINGS

### Facility Characteristics:

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

The Red River Valley Juvenile Center is located at 600 Bruce Street in Crookston, Minnesota. The facility provides both a maximum-security secure program with detention and correctional treatment programs for both male and female juveniles and a non-secure program for both males and females. The secure and non-secure programs operate in the same facility and are separated by a gym area. The facility is licensed for 8 secure and 8 non-secure residents. At the time of the audit there were 11 youth in the facility. There were 4 youth in the non-secure program and 7 youth in the secure program. Both programs are licensed by the Minnesota Department of Corrections. Both the secure and non-secure programs have a staffing ratio of 1 to 8 during awake hours and 1 to 16 during sleep hours.

. The facility is a one-story building with a public entrance on the front of the building. Upon entering the building, you need to press a call button for staff attention to enter secure doors from this point on. The Superintendent's office is located just off this entryway. Once in the facility you can enter the non-secure program to your left or enter the secure area straight ahead. The non-secure program area has an open day area that includes chairs and sofas for seating during free time, tables for eating on, and has the resident rooms along the outside of this day area. There are separate bathrooms for both male and female residents. The facility case manager's office is in this area and was utilized by the auditor for resident and staff interviews. This non-secure area is always staffed with direct client supervision with the staff work station facing the resident rooms and bathrooms for direct supervision. The non-secure rooms have doors with windows and curtains on the outside. There is one non-secure room that has two beds for two residents while there are 6 single rooms for total of 7 resident living rooms. The non-secure program has a recreational and garden area outside the facility. They can also use the secure gym when it is not in use by the secure residents.

When entering the secure area of the facility you first enter the gym. The gym provides ample area for recreation and has camera coverage of the entire gym. The gym leads to a secure hallway to the resident living areas. In this hallway on the left we entered the intake area. This area included a desk for staff and resident interviews. There was a private shower area for searches and resident changing. There was a camera in the room that viewed all areas except the private shower room. Just down from the intake area was a door to the garage. This is where new intakes arrive with law enforcement or deliveries are made. Further down the hallway on the right was a larger room where school, groups, and visiting occur. The room had no blind spots with good camera coverage. On our left was the first secure living area and further down was the second secure living area. There are 4 individual cells in each secure living area and outside the 4 rooms is a small living area where residents can sit for free time or groups. On this day the secure females and males were separated by the separate living areas. There are 2 rooms with cameras and the auditor observed these cameras on a monitor and found that the facility has blocked out view of the toilet area so residents in this room can use the toilet privately. There is one staff assigned to monitor both secure resident areas. The living areas rotate times they are allowed out of their rooms. The last area toured and viewed was the secure outdoor recreation area that

is surrounded and enclosed by a fence and has a camera for monitoring.



## AUDIT FINDINGS

### Summary of Audit Findings:

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

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

The facility is well run, and the safety of the residents is a clear priority. Overall, the facility did very well and were found in compliance with most PREA standards. There are three standards where the facility was not fully in compliance at the time of the onsite audit. The agency worked with the auditor to immediately address these concerns and were provided a 60-day corrective action period by the auditor. Their compliance with the three standards below will be reassessed within 60 days of the submission of the initial report.

- 1) Standard 115.315 (d): The facility administrators will develop and implement a plan for cross-gender staff announcing when entering the living areas.
- 2) Standard 115.381 (a and b): The facility administrators will develop a plan to document that all residents who report during screening that they were sexually victimized were offered a follow-up meeting with a mental health or medical practitioner within 14 days of the screening. All youth pursuant to the screening indicate that they have perpetrated sexual abuse will be offered a follow-up meeting with a mental health practitioner within 14 days of the screening.
- 3) Standard 115.367 (c) For at least 90 days following a report of sexual abuse, the agency shall monitor for retaliation the residents or staff who reported the abuse and residents who reportedly suffered the abuse. The monitoring should continue beyond 90 days if needed and included periodic check ins with the person being monitored for retaliation. This monitoring will be documented.

On December 10, 2020 the auditor verified and determined full compliance with PREA standards 115.315(d), 115.381 (a and b), and 115.367 (c). On this date, the auditor was able to conduct virtual interviews with all the residents of the facility and most of the staff members (9 out of 12). Prior to the virtual interviews the auditor received detailed written documentation regarding the corrective actions the facility had taken. The residents and staff interviewed stated their belief that the virtual interviews were conducted in a private and confidential manner. The residents and staff detailed how staff ring a doorbell (1 for male and 2 for female staff) before entering a living unit. This notification informs the residents of the staff gender working the living unit. The auditor also confirmed knowledge and understanding from

the case manager regarding their role in monitoring residents for retaliation for 90 days and offering residents mental health or medical health services as appropriate in compliance with standards 115.381 (a and b). Lastly, the auditor was interviewed the facility administrator who was able to detail his role in monitoring staff for retaliation in compliance of standard 115.367 (c). The interviews and the written documentation confirmed that compliance with these standards has been adhered to for at least the past 60 days. The facility is now in full compliance with all PREA standards.

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.311	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency provided the auditor with policy 1400.01 Prevention Planning during the pre-audit. The policy was reviewed by the auditor. In the policy statement the agency declares a zero tolerance of all forms of sexual abuse. Throughout the body of the policy it further defines sexual abuse and sexual harassment and the agency's zero tolerance for both. The staff and resident interviews indicated an understanding that there was zero tolerance of both sexual abuse and sexual harassment. The auditor requested after the on-site audit that sexual harassment be added to the policy statement and this policy was revised and sent to the auditor within 2 weeks of the on-site audit and now includes sexual harassment in the policy statement. The updated policy includes the Agency Director's signature.</p> <p>The policy provided also outlines the agency's approach to preventing, detecting, and responding to sexual abuse and harassment. At the time of the audit the agency employed both a PREA Compliance Manager and PREA Coordinator. The PREA Compliance Manager monitored both this juvenile facility and the adult jail for compliance with PREA standards. The agency provided an organizational chart during the pre-audit phase which clearly identifies the PREA Coordinator and PREA Compliance Manager in the agency hierarchy. During the onsite portion of the audit the auditor interviewed both the PREA Coordinator and Compliance Manager. They both shared that they have the time and authority to complete all their PREA related duties and responsibilities. Both the compliance manager and coordinator reported that they work closely together and communicate often in their roles.</p>

115.312	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	N/A. The facility does not contract with other entities for the confinement of residents. This was determined during the interview with the Superintendent and confirmed by other managers. This standard is not applicable.

115.313	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency provided the auditor with Policy 1400.01 Prevention Planning during the pre-audit portion of audit. The audit details the agencies staffing plan and compliance efforts with this standard, including all areas identified in paragraph section (a) of this standard. The agency has a staffing ratio of 1 to 8 during awake hours and 1 to 16 during sleep hours. The agency provided documentation of exigent circumstances where one staff gender was not in the building and the agency's efforts to ensure that a staff of both genders were available. They had identified staff in the jail who could cover for the missing gender, if necessary. During the interview with the Superintendent he stated that they have never been out of compliance with the 1 to 8 and 1 to 16 staffing ratios. The agency requires staff to stay until relieved from their shift. The average daily population since the last PREA audit is 10 residents and the staffing plan is predicated on a population of 16, the facility capacity.</p> <p>During the pre-audit phase the auditor was provided with documented annual reviews of the staffing plan. The review included the staffing plan, deployment of monitoring technology and the allocation of resources. In the past year the facility has added cameras to increase their prevention strategies. During the on-site audit tour of the facility the auditor noted camera coverage throughout the living units and group gathering areas. During the interview with the Superintendent, he stated additional cameras are being added to the hallways where more are needed.</p> <p>The Prevention Policy 1400.01 requires upper level management staff to conduct unannounced rounds. The auditor was provided documentation of these rounds during the pre-audit phase. The unannounced rounds included all shifts, weekends, and holidays. During interviews with the PREA Coordinator he was able to articulate their plan for unannounced rounds and this plan was supported by the documentation provided.</p>

115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency provided policy 1400.01 Prevention Planning, which details their compliance with these standards. The policy prohibits staff from conducting cross-gender pat down searches, strip searches, and visual body cavity searches, which are performed by medical practitioners and in the case of emergency or other exigent circumstances. There were no incidents in the past 12 months that required documentation. The interviews with staff affirmed that staff do not pat down opposite gender youth. The resident interviews also affirmed this as no residents had experienced or heard of cross gender pat downs or searches being conducted. The policy meets all requirements of PREA standard 115.315. The agency's compliance with this policy and PREA standard was verified during interviews with staff and residents. Staff would not search or pat down an opposite gender youth. They always have staff of the both genders working and in the only situation in the past 12 months they did not, they confirmed the availability of their adult jail staff, located on the same campus, to come and complete any necessary pat downs or searches. The confirming of the presence of female staff at the jail in this situation was documented and provided to the auditor. At the time of the on-site audit there were no transgender or intersex residents in the facility. This was verified during staff interviews and review of resident PREA screenings. All staff reported receiving training on cross-gender pat down searches and searches of transgender and intersex residents. The training was found in the staff training records.</p> <p>PREA standard 114.315 (d) requires staff of the opposite gender to announce their presence when entering a resident housing unit or area where residents are likely showering, performing bodily functions, or changing clothing. Red River Valley Juvenile Center separates male and female residents by rooms, but they do have mixed housing units. This requires the facility to have opposite gender staff announce their presence when entering an area where residents may be showering, performing bodily functions, or changing clothing. The staff at the center are required by agency policy to do so, but this practice was not being followed as of the on-site audit. This was determined by observation and interviews with both staff and residents. Since the on-site audit the agency has implemented a plan to begin cross-gender staff announcing. They shared a copy of the staff email that provided the expectation and procedure for the cross-gender staff announcements. A full 60 days of implementation of this practice will suffice in moving the facility to full compliance regarding PREA Standard 115. 315 (d). The PREA auditor will confirm compliance or non-compliance with standard after the agreed upon 60-day corrective action period.</p> <p>On December 10, 2020 I interviewed staff and residents of the facility. The interviews were conducted remotely by ZOOM because of the high rates of COVID-19 in our communities. All residents and 9 staff were interviewed, and all residents and staff reported to the auditor that they felt the interview was private and confidential. They all responded that staff ring a doorbell when entering a living unit. They detailed that 1 ring is for male staff and 2 rings is for female staff. The residents understood what the doorbell and ringing of the doorbell indicates to them and felt that they were informed as to the gender of the staff working their living unit. The staff reported that this practice has been consistently in place for the past few months which coincides with an email I received from Kyle Allen, Facility Administrator, in September</p>

of 2020 that detailed the expectations shared with his staff. The auditor was also provided with pictures of the doorbell and signs nearby instructing staff on what to do.



115.316	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency provided policy 1400.01 Prevention Planning which details their compliance with PREA Standard 115.316. It is written into policy that they will not use resident interpreters, readers, or other types of resident assistants to assist with limited English proficiency in reporting an allegation of sexual abuse or harassment. All staff reported during interviews their compliance with this policy and shared how they could arrange for an interpreter. The most common language spoken at Red River, other than English, is Spanish. The PREA resident education and the posters throughout the facility are provided in both English and Spanish. This information in both languages includes who to contact for external PREA reporting and victim services. At the time of the onsite audit there was one resident that met the criteria for having a disability or who were limited English proficiency. That resident described learning about sexual abuse and harassment during the intake describing how the staff explained the PREA resident handbook, so they understood. All residents I interviewed were able to share a good understanding of their rights and the facility's Zero Tolerance of sexual abuse and harassment, including what to do if they have a concern or a report.</p> <p>During the interview with the Superintendent they indicated that the facility uses a variety of delivery methods to ensure the education material is understood by the residents. These methods included using the language line and presenting the education in a manner that residents of all developmental levels can understand. During the onsite audit there were 8 residents interviewed and all were able to share an understanding the PREA education, including their rights, with the auditor.</p>

115.317	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency provided PREA Policy 1400.01 Prevention Planning, which details their compliance with PREA standard 115.317. The policy thoroughly outlines their hiring practices, which includes no hiring staff who have engaged in sexual abuse in confinement settings, as well as persons convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, or implied threats of force or coercion. The agency also considers incidents of sexual harassment when making hiring and promotional decisions. All potential staff and contractors are required to submit to a criminal background check through the MN Bureau of Criminal Apprehension and a check of child abused registry maintained by the MN Department of Human Services. All current employees had a background check completed two years ago and per policy 1400.01 will have the check completed every five years. The staff files were recently reviewed and staff were required to complete a background check prior to this audit.</p>

115.318	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>During the pre-audit phase this auditor was provided the agency's policy 1400.01 Prevention Planning. This policy details the agency's compliance with PREA standard 115.318. The facility has not undertaken any renovations or expansions and have no imminent plans to do so. In recent years, the agency added additional cameras to the housing unit areas and hallways to minimize any blind spots. During the facility tour the new cameras were identified by the Superintendent and an area where cameras will be installed in the hallway soon was also identified. During the interviews with agency administration there was a consistent understanding of the importance that cameras and upgrades plays in their efforts to keeps residents safe from sexual abuse. These efforts are reviewed, discussed, and supported at all levels of their administration. The institutions review team reviews the need for upgrades at least yearly and document their review. The auditor found the facility's plan to add additional cameras would result in no blind spots in the facility areas used by residents.</p>

115.321	<p><b>Evidence protocol and forensic medical examinations</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>During the pre-audit phase, the agency provided the auditor policy Responsive Planning. The policy details the agency compliance efforts with PREA standard 115.321. The policy states that the Crookston Police Department will conduct all criminal investigations. The policy requires a standard evidence protocol be in place and should maximize the potential for obtaining usable physical evidence for criminal prosecution, and that is developmentally appropriate for adolescents according to the U.S Department of Justice. The policy requires staff to protect a crime scene and any evidence for the Crookston Police Department's investigation. During the onsite staff interviews the staff were knowledgeable of their responsibilities to protect evidence, but not gather evidence. Furthermore, staff were unanimous in reporting Crookston Police Department conducts their criminal investigations.</p> <p>The agency also provided an MOU with Community Health Services Inc. for victim services. The MOU details the victim services available and the agency's role as an outside reporting avenue for residents. The auditor called Community Health Services and they confirmed they indeed provide victim services for the facility and their residents. They also understood their role as an outside entity that residents could report allegations of sexual abuse and sexual harassment to. During the onsite audit resident interviews there was one resident who had reported sexual abuse and she stated she was offered access to victim services immediately after the report was made. The resident was also offered mental health services and continues to receive those services.</p> <p>All victims of sexual abuse have the right to be seen by and examined at Riverview Health Center. The center provides SANE examinations and during staff interviews the public health nurse confirmed these services are available for sexual abuse victims.</p>
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115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>During the pre-audit portion of the audit the agency provided the auditor policy 1400.02 Responsive Planning. The policy details the agency's compliance with PREA standard 115.322. The policy requires all criminal allegations of sexual abuse and sexual harassment be referred to law enforcement. The PREA Compliance Manager has received PREA training to complete administrative investigations. The training certificate for the PREA Compliance Manager was provided and showed completion of PREA Investigator Specialized Training from the Minnesota Department of Corrections. At any point in an investigation it is determined to be a criminal investigation the case is referred to the Crookston Police Department. The investigations responsibilities are detailed on the facility website. The interview with the Agency Head, Andrew Larson, confirmed their commitment to investigating all allegations. Throughout the staff interviews it was reported that all investigations are investigated. The agency administrative investigator reported understanding of when to report an allegation to law enforcement for criminal investigation and did so in one case during the past 12 months. This auditor reviewed that particular investigation file to further assess Crookston Police Departments role in investigating and found that they had completed the sexual assault investigation.</p>

115.331	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency provided policy 1400.03 Training and Education during the pre-audit phase. The policy details their compliance efforts with PREA standard 115.331. The staff are provided training on all the provisions of 115.331 (a) and the training curriculum was reviewed and met all the provisions of paragraph (a) of this section. Training records were provided to the auditor, reviewed, and determined to indicate that staff are being trained within standard. All staff training records indicate staff were trained within the past 2 years. The training records included a staff signature and quiz indicating knowledge and understanding of the training material. During interviews with all staff they all reported they had received training on these provisions. They were able to explain their role in the agency's prevention, detection, and responding efforts to any known knowledge or suspicion of sexual abuse or harassment. The auditor suggested to the Superintendent that they create a small "cheat sheet" for staff regarding their responsibilities as first responders. These "cheat sheets" have been used in other facilities and the Superintendent did create these for staff at the Red River Valley Juvenile Center.</p>

115.332	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency's policy "Training and Education" detailed their policy and efforts in training volunteers and contractors. The onsite audit occurred during the COVID-19 pandemic and at that time volunteers and contracted staff were not working in the facility. The nurse is a public health nurse and she did present a good understanding of the training material. Her training records included PREA training within the past two years. The agency provided and maintains training records for volunteers and contractors. These records were made available to the auditor and indicate training for volunteers and contractors is required, provided, and documented.</p>

115.333	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency provided policy "Training and Education" during the pre-audit phase. The policy details their compliance with standard 115.333. This auditor reviewed the educational materials they provide residents. Facility practice requires each new admission reviews the Zero Tolerance Policy which prohibits all forms of sexual abuse and sexual harassment. This initial education also includes how to make a report of suspected or known sexual abuse or sexual harassment. At the initial intake residents are provided the education in writing and video. Residents sign off confirming they have received this information and the signed document is saved in the resident file.</p> <p>During the on-site audit the auditor interviewed staff responsible for completing intakes and admissions. Each staff interviewed was able to describe the intake process and the process they described was the same as their policy details. The auditor conducted 8 resident interviews during the on-site portion. Each resident interviewed was consistent in describing how and when they received the PREA education materials. After reviewing the written material, new residents watch a "PREA Video" which also provides the new resident with age and learning ability appropriate PREA information. The initials and ongoing education of residents is provided in an individualized approach that considers the residents age and developmental abilities. The residents each keep a copy of their PREA education material and the PREA video is periodically shown to residents. The facility has access to a language line and can accommodate the learning needs of visually and hearing-impaired residents. The staff interviews supported this finding as staff who complete intakes reported use of the language line as needed and insuring residents with intellectual disabilities understand the material. There was one resident interviewed who was identified as learning impaired during the intake screening. This resident described a understanding of the PREA material and detailed how staff verbally explained the written material to him during the intake process.</p>



115.334	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency provided their policy 1400.03 Training and Education. This policy requires they complete investigation training to the extent that they are responsible for completing investigations. The Superintendent completes and conducts all administrative investigations and he completed PREA Investigator Specialized Training provided by the MN Department of Corrections. A certificate of complete was provided and reviewed. The policy requires all criminal investigations to be referred to and completed by the Crookston Police Department. The agency administration reinforced this practice through their interview responses and all staff understood who conducts investigations. The auditor reviewed the one criminal investigation file and that investigation was completed by the Crookston Police Department. The agency was reminded by the auditor to complete a refresher investigator training for all staff identified as administrative investigators.</p>

115.335	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency's policy 1400.03 Education and Training details their compliance with PREA standard 115.335. The agency's nursing services are provided by public health and the public health nurse was interviewed during the on-site audit. The nurse was able to correctly respond to questions regarding the facility's detection, prevention, and intervention efforts related to PREA. She reported receiving training in these areas and signed documents reviewed supported this. She confirmed that she does not conduct forensic examinations and such exams are completed at the local medical clinic by trained personnel. The facility does not employ or contract with mental health providers. Community Mental Health Services in Crookston, MN provides crisis mental health services throughout the area, including the Red River Valley Juvenile Center.</p>

115.341	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency provided policy 1400.04 Screening for Risk of Victimization and Abusiveness, during the pre-audit phase. The facility's screening instrument was also provided. The policy details their efforts to attain compliance with PREA standard 115.341. The screening instrument contains all the necessary requirements in standard 115.341 (c). The tool screens for information regarding their history of victimization, perpetration, their perception of risk to being abused. There are also areas for staff observations. The tool awards points for each question and the points are used to measure their risk levels. The overall risk levels are used to determine appropriate housing and programming options.</p> <p>At the time of intake, a resident is administered a screening which aims to identify youth that are at risk of sexual victimization or sexual perpetration. This auditor reviewed completed risk screenings and interviewed staff responsible for completing the screenings. The staff were able to articulate the purpose of the screening process and their abilities to add observations. These staff use all information available to them to assess resident risk levels. This includes conversations with residents, medical and mental health screenings, record review, and any other relevant information on file or obtained from collateral resources. If a resident is determined to be at risk the housing options are reviewed with Kyle Allen, the Superintendent. The residents are reassessed throughout their stay in the facility. The facility has both secure and non-secure programs and it is common for residents to move between those programs. All residents are periodically reassessed for risk when being reviewed for possible move to non-secure or secure programming. The reassessment of risk is documented and saved in the resident files.</p> <p>During resident interviews all identified that they were asked the screening questions at intake. When asked when this occurred their consistent response was that these questions were asked of them within hours of their arrival and within 24 hours. The PREA Coordinator and the Case Manager will regularly review housing and programming decisions to ensure resident safety. The information obtained in the screening is communicated to staff as needed for monitoring and maintaining safety of all residents. The completed screening documents are saved into the confidential youth file. During staff interviews they reported an understanding that this information is confidential and is not to be shared outside the necessary staff.</p>

115.342	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency's policy, Screening for Risk of Sexual Victimization and Abusiveness, details their compliance with PREA standard 115.342. The information gathered from the screening is used to inform bed, work, education, and program assignments. The policy prohibits placing lesbian, gay, bisexual, transgender, and intersex residents in housing our bed assignments based solely off that identification. The staff that completed the screenings were interviewed and reported compliance with this policy. The staff also do not use this identification as an indicator of being sexually abusive. The staff responses were further indication that they determine housing for transgender and intersex inmates in a manner that is compliant with 115.342.</p> <p>There were no reported incidents where youth were isolated because less restrictive measures could not keep the safe. In cases where this may be true, the policy requires that the resident is allowed all their rights as detailed in standard 115.342(b). The policy also requires clear documentation of why there were concerns and less restrictive measures were not used. The PREA Compliance Manager stated that housing for youth that identify as transgender or intersex or determined on a case by case basis with the needs of the youth and risks as determining factors in the final decisions. These decisions can include the use of single cell rooms, seating assignments, and increased staff monitoring for safety. At the time of the onsite audit there were no residents that identified as transgender or intersex.</p> <p>Staff also reported during interviews that the use of isolation is not used to protect residents from risk of perpetration or victimization. The policy and state licensing standards require the facility provide residents in isolation their rights to education, recreation, medical and mental health services. There were not residents on isolation or room time status during the on-site audit, but the residents believed they would be offered these services if they were in isolation or room time.</p>

115.351	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency provided policy 1400.05 Reporting Sexual Abuse during the pre-audit phase. The policy details their compliance efforts with PREA standard 115.351. The residents can report verbally, in writing, anonymously, and to an outside party. I was able to verify with their victim advocacy agency that they operate as an outside agency that will take reports from residents in the facility. The agency representative presented a clear understanding of their role in receiving reports from residents. The auditor also reviewed the MOU with the victim advocacy agency and the document detailed these responsibilities. The residents were able to identify all these ways (verbally, writing, anonymously, and to an outside party) in which to report knowledge or suspicion of sexual abuse and harassment. The residents stated they would verbally inform staff, write a grievance form and place it in the grievance box, and if necessary, call the phone number for victim services on the posted PREA posters. They felt they could submit the report anonymously in the grievance box, if necessary. The materials necessary to make a written report are available to residents and the auditor was able to verify this during the tour.</p> <p>During the staff interviews it was clear and consistently reported that they understand how and when to report any suspicions or knowledge of sexual abuse or sexual harassment. Staff reported they would notify management and law enforcement immediately. The staff consistently reported that they would not notify a staff involved in an allegation of the report and the report would remain confidential.</p>

115.352	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has provided their "Reporting Policy" which details their compliance with the PREA standard 115.352. The policy allows for residents to submit a grievance alleging sexual abuse with no time limit to file such a grievance. The policy details the required time limits and extensions necessary to follow the standard. All emergency grievances are immediately forwarded to non-involved management staff and there is an immediate response to the grievance. The agency allows Parents, Professionals, and any Third Parties to submit a grievance on the behalf of the alleged victim regarding any suspicion or knowledge of sexual abuse, sexual misconduct, and sexual harassment. This information is provided to parents in the entry way of the facility and on the facility's website. Per policy, residents are only disciplined when the agency can demonstrate that the resident filed the grievance in bad faith.</p> <p>There was one resident interviewed who had reported sexual abuse. The resident shared with the auditor that there was an immediate response from the Superintendent. This included the notification of law enforcement for the investigation. The resident reported updates from the superintendent and receiving a written notice that the allegation was substantiated.</p>

115.353	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency provided their policy, "Reporting Sexual Abuse", which details their requirements and efforts to maintain compliance with PREA standard 115.353. The policy states that victims of sexual abuse will be provided access to outside victim advocates and allows for reasonable confidential communications with the victim advocates. The agency provided a copy of their MOU with Community Health Services, Inc. to provide these victim services and advocacy. Contact information is provided to each resident when they receive their "safety guide" at intake and is also provided on posters throughout the facility. The auditor verified through a phone call that Community Health Services, Inc, understood their role in providing victim services.</p> <p>During resident interviews the residents shared knowledge of these services and how to contact victim services. The residents referenced information in their handbooks and posters throughout the building. The residents reported the ability to meet privately with parents, guardians, and their legal representatives in a confidential and private manner. There was one resident interviewed who had reported sexual abuse and they reported they were provided access to these victim services. They also reported these communications felt private and confidential.</p>

115.354	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>.</p> <p>The agency's policy "Reporting Sexual Abuse" details their compliance with PREA standard 115.354. The facility posts information regarding third party reporting on their website and on posters throughout the facility. This information explains how third parties can file reports of sexual abuse and sexual harassment. All of the methods provided will be immediately forwarded to the Superintendent for investigation. There were no 3rd party reports in the past 12 months.</p>



115.361	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency provided policy 1400.06 Official Agency Response Following a Resident Report during the pre-audit phase. The policy meets all the requirements of PREA standard 115.361. Per policy, staff report immediately any knowledge or suspicion of sexual abuse or sexual harassment; retaliation against residents or staff who report such an incident; and any staff neglect or violation of duties that may have contributed to the incident. All reports are referred for investigation.</p> <p>During the on-site audit the auditor interviewed a random sample of staff. Staff interviews demonstrated all staff were clear and consistent with their understanding to report to management immediately any known or suspicions of incidents of sexual abuse and sexual harassment. All staff understood they are prohibited from discussing PREA related allegations unless instructed to do so by the Superintendent or law enforcement. The medical practitioner interviewed understood these reporting and responding requirements as well. Interviews with both the Superintendent and PREA Coordinator indicated an understanding of their roles. Both shared they would immediately respond to any reports that placed residents or staff at risk of sexual abuse or sexual harassment. Both expressed they would immediately report sexual abuse to the Crookston Police Department and begin notifications of parents, legal guardians, attorneys, and others required in standard 115.361. There was one case of resident abuse reported during the past 12 months and review of the investigation file showed proper notifications were completed.</p> <p>It is required and was consistently reported by staff that all reports of sexual harassment would be referred to the Superintendent or PREA Coordinator for an administrative investigation. All staff are trained in Mandatory Reporting Statutes as evidenced by their responses in interviews and review of their training records.</p>

115.362	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency's PREA Policy, 1400.06, requires an immediate response when a resident is subject to substantial risk of imminent sexual abuse and requires immediate action to protect the resident. There was a consistent understanding of this requirement when interviewing staff. The expectation from the agency leadership is an immediate response when a resident is at risk. The line staff were understanding of this expectation and were able to articulate how they would keep residents safe as part of this immediate response. I reviewed the file involving the one allegation of sexual abuse and determined there was an immediate response after the report and the response protected the alleged victim.</p>

115.363	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency's policy 1400.06 Official Agency Response Following a Resident Report was provided during the pre-audit phase. The policy requires the Superintendent or another member of the administrative team to notify the facility director of the agency where the alleged abuse occurred within 72 hours, notify the appropriate investigating agency, and document the notifications. During the onsite interview the Superintendent understood his responsibilities under the policy and PREA standard 115.363. In the past 12 months the agency reported no allegations of a resident being sexually abused in another facility. In the past 12 months the agency reported once incident of resident sexual abuse that occurred in their facility and this was reported immediately to law enforcement for criminal investigation and was documented in the investigation file. These numbers were confirmed during interviews with agency administrators.</p>

115.364	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Per agency policy staff must separate the alleged victim and perpetrator from both sight and sound, inform the victim you are required to report the incident, secure and protect the crime scene, and remain with the victim to provide safety and support. The staff are required to request victims do not take action to destroy evidence and to ensure that the perpetrators do not destroy evidence. The staff were able to explain their responsibilities in meeting the requirements of the policy and PREA standard 115.364. When asked what they would do if they were first person to learn a resident has been the alleged victim of sexual abuse, what is your responsibility? All staff were able to explain their role and responsibility in these situations. The auditor shared with the Superintendent a first responder “cheat sheet” that staff in other facilities carry with them. The Superintendent is creating this for his staff.</p>

115.365	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency provided policy 1400.06 Official Agency Response Following a Resident Report. The policy requires the facility to have 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. The facility superintendent or administration designee is the coordinator of their institutional response and uses a checklist to document their efforts. The coordinated plan is documented within this checklist and meets the requirements of the PREA standard</p>

115.366	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency's current labor agreement was provided and reviewed. The agreement does not limit the agency's ability to remove alleged sexual abusers from contact with residents pending the outcome of an investigation or a determination of what extent discipline is warranted. The interviews with agency administrators, including the Agency Head, further confirmed their compliance with PREA standard 115.366.</p>

115.367	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency provided policy 1400.06 Official Response Following a Resident Report. This policy details their compliance efforts with PREA standard 115.367. The policy requires residents and staff who have reported sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations to be protected from retaliation from other residents or staff. The policy establishes a 90-day monitoring period for retaliation and includes periodic status checks with residents. During the onsite audit it was determined that the agency had no formal process in place to monitor for retaliation. More specifically, it was not clear who was monitoring for retaliation and completing periodic check ins with residents and there was no documentation of their monitoring for retaliation efforts. There were options discussed between the Superintendent, PREA Coordinator, and the auditor. The agency has communicated their plan to monitor for retaliation and this plan will meet standards. The auditor will review the plan in 60 days to assess implementation of this practice and understanding of this plan by all participants. The corrective action plan includes assignment of monitoring for retaliation and documentation of this monitoring and periodic check ins.</p> <p>On September 23, 2020 I received an email from the Red River Facility Administrator, which detailed their written plan for monitoring retaliation for 90 days or longer. The plan is written in compliance with the related PREA standards. On December 10, 2020 I interviewed the facility case manager virtually by ZOOM. She agreed and stated the interview over ZOOM was private and confidential. She was able to clearly detail her responsibilities in monitoring residents for staff retaliation. Her verbal description matched the detailed written plan. There had been know reports requiring monitoring for retaliation since the written plan was implemented. On December 10, 2020 I interviewed the facility administrator over ZOOM, and he agreed that our interview was private and confidential. He was able to detail his responsibilities in monitoring staff for retaliation and his verbal description matched the written plan. There have been no reports requiring monitoring for retaliation since the written plan was implemented.</p>

115.368	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The policy states that use of segregated housing to protect a resident who is alleged to have suffered sexual abuse is subject to the requirements of PREA standard 115.342. During interviews with agency administration they were aware of these requirements and affirmed that isolation is used only as a last resort. Furthermore, the residents on isolation would be provided their basic rights, which includes exercise and educational services. Lastly, they stated that the need for isolation is reviewed every 8 hours or more, but no longer than every 30 days as required by policy and standard. In the past 12 months, the facility has had no instances of isolating an alleged victim of sexual abuse.</p>



115.371	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>During the pre-audit phase the agency provided policy 1400.07 Investigations. The policy details their investigation requirements and follow PREA standard 115.371. The agency conducts their own administrative investigations into allegations of sexual harassment and refers criminal investigations of sexual abuse to The Crookston Police Department. The policy requires law enforcement investigators to follow all the requirements of the PREA standard. The auditor interviewed the PREA Coordinator and Superintendent regarding the administrative investigations. They both confirmed that the all allegations are investigated as soon as possible, including cases where the victim may recant the original allegation. The Superintendent conducts all administrative investigations and will refer to law enforcement whenever there is any indication the investigation may be criminal. The Superintendent provided training records regarding his investigation training.</p> <p>During the onsite audit the auditor was able to review investigation files and determine the documentation in the files met the PREA standard. This review included one criminal investigation report in past 12 months and several administration investigations reports from the past 12 months. The agency retention process for maintaining records referenced in paragraphs (g) and (H) of this section is indefinite. All investigative reports and materials are secured electronically or physically locked in the superintendent's office desk. The Superintendent is the point of contact for all outside investigators and shall remain informed about the progress of the investigation. The Superintendent understood this role and reported playing this role during their one criminal investigation.</p>

115.372	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Per agency policy, in determining whether allegations of sexual abuse or sexual harassment are substantiated, the agency shall not use a standard higher than the preponderance of the evidence. This standard was further confirmed during the interview with the Superintendent, the PREA Coordinator, and a review of investigation files. During the Superintendent interview, who is the primary administrative investigator, he understood the PREA standard for determining if an allegation is substantiated, unsubstantiated, or unfounded. The Superintendent voiced understanding the standard used to determine whether an allegation occurred is a preponderance of the evidence. There were no administrative investigations in the past 12 months to review, but prior investigation files indicated compliance with this standard.</p>

115.373	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency policy "Investigations" details their compliance efforts with PREA standard 115.373. The policy requires that the alleged victim and their parent/guardian be notified of the outcome of the investigation. Notification will be done either verbally or in writing. Furthermore, compliance with PREA standard 115.373 was supported during the interviews with their investigative staff. The investigation file review showed documentation of notification to the victim and guardian.</p> <p>In cases where an outside agency conducts the investigation the facility requests the relevant information in order to notify the victim. In the past 12 months there was one such case and the auditor interviewed this victim during the on-site audit. The victim reported receiving a written report regarding the results of the investigation and an understanding of the final findings.</p> <p>The agency policy requires that following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident, unless the agency has determined that the allegation is unfounded, whenever: that staff member is no longer working on the victim's living unit; the staff member is not longer employed at the facility; or the agency learns that the staff member has been convicted of a charge related to sexual abuse within the facility. In the past 12 months the agency has no reported allegations of staff sexual abuse that fit these criteria.</p> <p>The agency policy requires that following a resident's allegation that he or she has been sexually abused by another resident, the agency will subsequently inform the alleged victim whenever the agency learns that the alleged abuse has been indicted on a charge related to sexual abuse within the facility or the agency learns the alleged abused has been convicted on a charge related to sexual abuse within the facility. In the past 12 months there is one such case and notification to the victim and guardian were documented and completed within PREA standards.</p>

<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency provided their policy 1400.08 Disciplinary Sanctions during the pre-audit phase. Per policy, staff is subject to disciplinary sanctions up to and including termination for violating agency sexual harassment and sexual abuse policies. Termination is the presumptive sanction for staff who have engaged in sexual abuse. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for the resignation, will be reported to law enforcement , unless that activity was clearly not criminal, and reported to any relevant licensing bodies as required in standard 115.376 (d). The interviews with the Superintendent and administration showed an understanding of this policy and standard. There have been no staff incidents of sexual abuse or sexual harassment in the past 12 months.</p>

115.377	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>.</p> <p>The agency's policy "Disciplinary Sanctions" prohibits contact with residents for any contractor/volunteer who engages in sexual abuse and the agency shall report to law enforcement unless the actions were clearly not criminal. The policy also requires proper notification to all licensing bodies. The policy also requires that the agency takes remedial measures and considers whether to prohibit further contact with residents in the case of any violation of their sexual abuse or sexual harassment policies by a contractor or volunteer. In the past 12 months there have been no cases report of contractors or volunteers engaging in sexual abuse or sexual harassment of residents. During the on-site interview with the Superintendent he confirmed the disciplinary process for contractors and volunteers.</p>

115.378	<p><b>Interventions and disciplinary sanctions for residents</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The agency provided their policy "Disciplinary Sanctions" during the pre-audit phase. The policy was reviewed and requires residents to be subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding that resident-on-resident sexual abuse or an administrative finding that sexual harassment occurred. Any discipline sanctions shall be commensurate with the nature and circumstances of the abuse committed, the youth's disciplinary history, and comparable sanctions for other youth with similar history. By policy, if room time results for the incident, the resident will have access to exercise and educational programming. They also receive daily visits from medical and mental health staff. Per policy, staff will consider whether the resident's disabilities or mental illness contributed to the behavior when determining appropriate sanctions. All sexual contact between residents is prohibited, but such activity will not constitute sexual abuse if the activity is not coerced. This policy was reviewed with the Superintendent and we reviewed the cases of resident sexual harassment and found this policy to be followed in their practice. There were no cases of sexual harassment in the past 12 months, but files of prior investigations were reviewed. The superintendent described consequences as being a balance of accountability and opportunity for the youth to learn. Some examples of consequences include; loss of privileges, assignments, apologies, and placement in secure housing from non-secure housing.</p> <p>Agency documents provided indicate that residents are subject to discipline for sexual contact with staff only when there is a that the staff member did not consent to such contact. There have been no such incidents reported in the past 12 months. Agency policy prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence to substantiate the allegations.</p>
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115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency provided policy 1400.09 Medical and Mental Health Care, which details their compliance efforts with PREA standard 115.381. The policy requires the appropriate offering of mental health and medical health services to youth who report being victims of abuse or perpetrators of abuse. This information is gathered during their initial PREA screening. In practice, this was not occurring regularly and was not documented as occurring. During interviews with staff that conduct the PREA Screening at intake, staff did not communicate a clear method for ensuring the 14-day follow-up was offered and made. The auditor assisted the facility in developing a plan to offer access to mental health or medical care when a youth reports being the victim of sexual abuse. The plan also includes offering access to mental health support for youth who report having perpetrated sexual abuse. The agency has added this to their initial PREA screening, and this auditor will review in 60 days to determine full compliance with this standard.</p> <p>The agency policy requires any information related to sexual victimization or abusiveness that occurred in an institution is limited to medical or mental health professionals and other staff as necessary to inform safe housing, bed, work, education, and program assignments. All medical and mental health staff are bound by State of Minnesota mandated reporting laws regarding informed consent and the interview with the public health nurse demonstrated an understanding of these laws.</p> <p>On September 11, 2020 the facility sent their updated Vulnerability Assessment Tool to the auditor. The new tool now includes an opportunity for staff to offer medical or mental health follow-up services in compliance with standard 115.381 (a) and 115.381 (b). The tool allows staff to document when this has occurred. On December 10, 2020 I interviewed the facility staff person responsible for completing the assessments. The interview was completed virtually through ZOOM and the staff person expressed confidence that this interview was private and confidential. The staff was able to detail her role in offering mental health or medical care to those residents who have shared prior victimization or prior perpetration of sexual abuse. The auditor also reviewed the completed assessments for the four residents of the facility. During the interview with a resident who had shared during their assessment prior history of sexual victimization, they also informed the auditor that were offered and are receiving mental health care while in the facility and these services were offered within days of their intake</p>

115.382	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency's policy "Medical and Mental Health Care" details their compliance efforts with PREA standard 115.382. Per policy, the agency will provide immediate emergency access to medical and mental health care for recent victims of sexual abuse. If no such staff are available on site, they will transport the resident Riverview Health in Crookston, MN. The healthcare facility provides SANE medical services for victims of sexual abuse. The medical care requirements found in agency policy were further confirmed by the public health nurse I interviewed onsite. The public health nurse on site is not trained in SANE medical services and thus any victims requiring medical services are sent to Riverview Health. The facility will also offer victim services through their MOU with Community Health Services. All these services are offered in a timely manner and at no expense to the victim. Furthermore, per policy, a resident victim of sexual abuse is offered timely information about and access to emergency contraception and follow up care for sexually transmitted or other communicable diseases, as appropriate, and always documented.</p> <p>During the on-site portion of the audit I interviewed one resident who had reported sexual abuse. The victim shared that facility offered her both medical and mental health care at no expense to the victim. The victim reported participating in mental health therapy. During the staff interviews, first responders were able to articulate the process that would be used in order to provide services for a resident who alleges sexual abuse the facility.</p>



115.383	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency provided their policy 1400.09 Medical and Mental Health Care during the pre-audit phase. The policy has been reviewed and details their compliance efforts with PREA standard 115.383. The agency provides follow up care for medical and mental health treatment services to those residents who have been victimized in confinement setting. Mental health services are offered and provided through Northwestern Mental Health services who provide crisis interventions for the facility. Pregnancy testing and tests for sexually transmitted diseases is available to female victims of sexual abuse while incarcerated. All these services are provided at no cost to the victim. These services and practices were reviewed with the medical staff and superintendent. Their interviews demonstrated their knowledge of and commitment to provide these required services. The interview with the one victim of sexual abuse supported the facility's compliance with their policy and this standard. The victim reported timely access to services and no cost to them. The agency policy requires that 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 providers.</p>

<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency provided policy 1400.10 Data Collection and Review during the pre-audit phase. The policy was reviewed and found to detail their compliance efforts with PREA standard 115.386. The agency has an incident review team that meets within 30 days of conclusion of all sexual abuse criminal or administrative investigation, unless the allegation is determined to be unfounded. The review team consists of upper management and considers input from the medical and mental health. The review team considers all provisions listed in standard 115.386 (d). The auditor reviewed documentation of the incident review completed after the one investigation of a sexual abuse allegation in the facility. The documentation was thorough and covered the standard. There were cameras and facility lay out changes that took place as result of this incident and their review. During interviews with Agency Head, Superintendent, and PREA Coordinator they all expressed an understanding of their role on the review team and the responsibilities of the review team.</p>

115.387	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency provided their "Data Collection and Review" policy which was reviewed by the auditor. Per agency policy, the facility collects accurate, uniform data for every allegation of sexual abuse at the facility using a standardized instrument and set of definitions. Their collection method provides the required data to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Per agency policy, the facility maintains, reviews, and collects data as needed from all available documents, including reports, investigation files, and sexual abuse incident reviews</p>

<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility's policy "Data Collection and Review" requires they have a process to collect and review data in order to assess and improve their effectiveness in sexual abuse prevention, detection, and response. This policy details their compliance efforts with standard 115.388. The agency has posted their annual report on their website with all personal identifications removed. This report is reviewed and approved by their department head. The Agency Head identified his role within this standard and confirmed his review of and signature on this report.</p> <p>The agency has a document called " PREA Supplemental Report and Administrative Review". The agency leadership documents their review of sexual abuse reports, including identifying ways to improve their overall safety plans.</p>

115.389	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>.</p> <p>The agency provided their policy " Data Collection and Review" during the pre-audit phase. The policy clearly defines their compliance efforts with PREA standard 115.389. The facility has posted on their website their data regarding sexual abuse and sexual harassment allegations. This posted report was reviewed by the auditor. All identifiers are removed from this report before it is posted publicly. The PREA Coordinator and Superintendent understood their role in collecting data and making it public, as required. The facility plans to maintain this information, documents, and electronic records associated with the data for at least 10 years beyond the dates of initial collection.</p>

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This was the second PREA audit of the Red River Valley Juvenile Center. The first audit was completed in April 2017. This audit was originally scheduled for April 2020 but was postponed due to the COVID-19 pandemic, which included state licensing restrictions on outside visitors to all juvenile facilities in the State of Minnesota. This audit is considered within the 3-year cycle. The agency provided detailed information during the pre-audit phase. This auditor had access to and toured all areas of the facility. The interviews of staff and residents were conducted in a private area. The agency posted notice of the upcoming audit with the auditors contact information in areas where residents and visitors could see it. The residents reported knowledge of this audit and their ability to contact the auditor for several weeks before the onsite audit.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The agency has published on its website their 2017 PREA audit final report. This current audit was scheduled within the three-year auditing cycle but had to be postponed several months because of the COVID-19 pandemic.

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	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
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	



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

	and determining the need for video monitoring: The number and placement of supervisory staff?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes

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

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

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

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

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

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



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

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

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

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	<p>If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))</p>	yes

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

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

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

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



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

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

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

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

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

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

<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes



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

<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

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

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

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

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

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



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

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

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

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

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

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

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

<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes



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

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

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

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

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

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