

PREA Facility Audit Report: Final

Name of Facility: Mandan Residential Transitional Reentry Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/12/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Andrew George LeClair	Date of Signature: 11/12/2021

AUDITOR INFORMATION	
Auditor name:	LeClair, Andy
Email:	andy@lawofficeagl.com
Start Date of On-Site Audit:	06/08/2021
End Date of On-Site Audit:	06/09/2021

FACILITY INFORMATION	
Facility name:	Mandan Residential Transitional Reentry Center
Facility physical address:	100 6th Avenue SE, Mandan, North Dakota - 58554
Facility Phone	
Facility mailing address:	PO Box 1269, Fargo, North Dakota - 58107-1269

Primary Contact	
Name:	Chris Shotley
Email Address:	chrissh@centreinc.org
Telephone Number:	701-238-8064

Facility Director	
Name:	Melanie Hanson
Email Address:	melanieha@centreinc.org
Telephone Number:	701-667-7651

Facility PREA Compliance Manager	
Name:	Melanie Hanson
Email Address:	melanieha@centreinc.org
Telephone Number:	O: (701) 667-7651
Name:	Brianna Guler
Email Address:	briannawa@centreinc.org
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	76
Current population of facility:	65
Average daily population for the past 12 months:	58
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	18-67 (no max age)
Facility security levels/resident custody levels:	Inmate, Probation, Parole, Pre-Trial
Number of staff currently employed at the facility who may have contact with residents:	26
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Centre, Inc.
Governing authority or parent agency (if applicable):	Centre Inc. Board of Directors
Physical Address:	3501 Westrac Dr., Fargo, North Dakota - 58103
Mailing Address:	PO Box 1269, Fargo, North Dakota - 58107-1269
Telephone number:	701-365-4157

Agency Chief Executive Officer Information:	
Name:	Joshua Helmer
Email Address:	joshhe@centreinc.org
Telephone Number:	701-365-4162

Agency-Wide PREA Coordinator Information			
Name:	Chris Shotley	Email Address:	chrissh@centreinc.org

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.

Mandan Residential Transitional Reentry Center (Mandan) is located in Mandan, North Dakota. Mandan is one of four residential reentry centers operated by Centre, Inc. (Community Extended Nuclear Transitional Resident for Ex-Offenders). Agency representatives contacted this auditor to conduct a single audit of this facility. The audit was completed by Certified Department of Justice PREA Auditor Andy LeClair. The onsite portion of this audit occurred on June 8-9, 2021. Mandan was previously audited by Dept. of Justice-certified PREA Auditor David Andraska, final report dated August 29, 2017. Centre, Inc. and this auditor began the contract procurement process for this audit in February of 2020. Due to the COVID-19 global pandemic, the onsite portion of this audit was completed until the auditor was able to obtain his COVID-19 vaccination in accordance with the Commonwealth of Massachusetts tiered system of providing access to the vaccine at the time of contract procurement. This auditor has never been employed by or have received financial compensation from Centre, Inc. outside of payment for this and prior PREA audits.

Pre-Onsite Audit Phase

The pre-onsite audit phase began with a kick-off conference call between this auditor and the agency's Prison Rape Elimination Act (PREA) Coordinator. This was held on May 10, 2021 via Microsoft Teams. During this meeting the following topics were discussed: established primary point of contact; logistics of the field training audit; reviewed the audit process and role of the auditor, purpose, and goals along with expectations; an introduction to the purpose of corrective action; established timelines and milestones for both the pre-onsite and onsite portions of the audit; and discussed the expectation that the auditor will have unimpeded access to facility, documentation, and staff. Following this meeting, this auditor sent a process map to the facility detailing the audit process and expected time allocations while onsite.

On Thursday April 15, 2021, notices of the audit were posted in English and Spanish throughout the Facility. The facility exceeded the six-week minimum posting requirement. Audit notices were posted in the kitchen/dining area, in the lounge area, and by the front entrance lobby in both the male and female units. The posting of notices was evidenced by an email from the facility on April 26, 2021 that contained photographs of notices being posted in the above locations. These postings included the auditor's mailing address for staff and residents to mail confidential correspondence to the auditor in advance of the audit. The notices were printed on white paper and were posted in both English and Spanish. The postings were observed while onsite. Prior to the onsite portion of this audit, the auditor did not receive any contacts or correspondence with residents or staff from this facility. During the onsite portion of the audit, this auditor verified during resident and staff interviews that the postings had been displayed since the aforementioned posting date.

As part of the pre-onsite portion of this audit, the facility completed and uploaded into the Online Audit System (OAS) answers and documentation supporting its position as to compliance into a Pre-Audit Questionnaire. The OAS provides an online interface for Department of Justice-certified PREA auditors and confinement facilities staff in the United States to complete audits on compliance with the Department of Justice's National PREA standards. Watch the short video below for an introduction to the system. The facility created its OAS audit on March 9, 2021. The facility was asked to upload supporting documentation/content into the OAS by May 1st, 2021. Due to an unforeseen technical error, the Pre-Audit Questionnaire was not made available to the auditor until after that date. The auditor reviewed the contents of the PAQ, which consisted of: policy, procedures, supporting documentation, and notes from the facility. Due to when the auditor received access to the PAQ, an informal comprehensive issue log was developed and reviewed with the facility on June 1, 2021. The issue log is created to identify gaps, missing information, or areas where additional information is needed. The facility provided additional information, as reviewed, on the first day of the onsite portion of this audit.

Request for Identification of Residents, Staff and Documents

Prior to conducting the onsite visit to the facility, the auditor requested that the facility identify a comprehensive list of residents, staff, volunteers, and contractors along with relevant facility records to determine the universe of information from which the auditor would sample during the onsite portion of the PREA audit. From these listings, the auditor selected representative samples for interviews (i.e., resident and staff) and document reviews during the onsite portion of the audit. The listings requested by the auditor in the pre-onsite audit phase included:

1. Complete inmate roster (provide based on actual population on the first day of the onsite portion of the audit)
2. Youthful inmates (if any)
3. Inmates with disabilities (i.e., physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
4. Inmates who are Limited English Proficient (LEP)
5. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Inmates (identify all inmates in each category)
6. Inmates in segregated housing
7. Inmates who reported sexual abuse

8. Inmates who reported sexual victimization during risk screening
9. Complete staff roster (indicating title, shift, and post assignment)
10. Specialized staff which includes:
 - Agency contract administrator
 - Intermediate- or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
 - Line staff who supervise youthful inmates, if any
 - Education staff who work with youthful inmates, if any
 - Program staff who work with youthful inmates, if any
 - Medical staff
 - Mental health staff
 - Non-medical staff involved in cross-gender strip or visual searches
 - Administrative (human resources) staff
 - SAFE and/or SANE staff
 - Volunteers who have contact with inmates
 - Contractors who have contact with inmates
 - Criminal investigative staff (e.g., at agency level, facility level, external entity, etc.)
 - Administrative investigative staff (e.g., at agency level, facility level, external entity, etc.)
 - Staff who perform screening for risk of victimization and abusiveness
 - Staff who supervise inmates in segregated housing
 - Staff on the sexual abuse incident review team
 - Designated staff member charged with monitoring retaliation
 - First responders, security staff (individuals who have responded to an incident of sexual abuse)
 - First responders, non-security staff (individuals who have responded to an incident of sexual abuse)
 - Intake staff
11. All grievances made in the 12 months preceding the audit
12. All incident reports from the 12 months preceding the audit
13. All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit including:
 - Total number of allegations
 - Number determined to be substantiated, unsubstantiated, or unfounded
 - Number of cases in progress
 - Number of criminal cases investigations
 - Number of administrative case investigations
14. All hotline calls made during the 12 months preceding the audit.

The facility indicated that there was a total of 4 sexual abuse allegations and 2 sexual harassment allegations in the twelve months preceding the audit. These allegations involved three instances of alleged sexual abuse or harassment but were reported by multiple parties. This auditor was able to review all allegations reported to the Facility in order to review agency protocols. The agency provided the auditor with the administrative investigative files pertaining to the allegations. While onsite this auditor attempted to identify additional incidents of sexual abuse or sexual harassment during resident and staff interviews. The auditor was not made aware of any additional incidents or allegations.

The auditor contacted the facility's designated local advocate group: Abused Adult Resource Center (AARC). AARC provides crisis intervention, advocacy, counseling, and prevention education services for those impacted by domestic violence, sexual assault and child sexual abuse. AARC provides confidential services to victims at no charge and are available to female and male children, adolescents, adults, and elders. A representative at AARC indicated that they have a memorandum of understanding with the agency to provide confidential emotional support services to residents residing at Mandan. The auditor also contacted Justice Detention International (JDI). A representative of JDI informed this auditor that JDI had not received any information regarding Mandan.

This auditor was able to make contact with the Central Dakota Forensic Nurse Examiners. A representative informed this auditor that they have an existing relationship with Centre, Inc. and would conduct Sexual Assault Nurse Examinations (SANEs) and Sexual Assault Forensic Examinations (SAFEs) for residents of Centre Inc. that report an instance of sexual abuse.

Internet research revealed a number of articles on Centre, Inc., none pertaining to sexual safety. A review of Centre, Inc.'s website – <http://centreinc.org/prea/> – revealed the agency has a PREA page that includes the following content: annual PREA reports and assessments, prior PREA audit reports, Sexual Abuse Prevention and Intervention policy, Coordinated Response to PREA Incidents informational, memorandums of understanding with the local police department. North Dakota has a comprehensive mandatory reporting statute, Mandatory Reporting: Abuse and Neglect of a Vulnerable Adult. A review of this statute indicates that all correctional staff are included as mandatory reporters and that the statute covers any intentional or negligent act that causes harm or serious risk to any person older than age 18, or emancipated by marriage that has a substantial mental or functional impairment (2017 N.D. Senate Bill 2322). As of this writing the audit team did not receive any confidential correspondence from residents or staff.

Onsite Audit Phase

The auditor arrived to the Facility on June 8, 2021 to begin the onsite portion of the audit. The final day of the onsite portion of this audit was June 9, 2021. An introduction and security in-brief was conducted with Centre, Inc. administration and leadership, which included: Josh Helmer, Executive Director; Chris Shotley, Director of Operations and PREA Coordinator, and other facility administrators, case management staff, and direct care staff. During this introduction, the auditor reviewed the onsite PREA audit process, methodology, and other logistical information. This occurred on June 8, 2021. After the introduction, agency staff members escorted the PREA auditor throughout the facility.

The auditor observed daily operations to include: intake/booking process, classification, record storage area, resident education process, grievance system, staff and cross-gender announcements when entering a resident bedroom and housing unit of the opposite gender, and phone systems. This auditor requested that staff demonstrate a mock intake. Staff proceeded by showing this auditor the multi-purpose room that has a large television screen and a desk for two people. Staff put on the PREA video in that room and followed the video with program-specific information. Staff followed by signing onto SecurManage to conduct a risk screening analysis. Staff conclude the mock intake by assigning this auditor a bed assignment and case manager. While touring the facility, this auditor observed staff announcing their presence when entering a key-carded access door to get into the resident's housing unit of the opposite gender. This auditor was able to test the functioning of the phone system throughout the facility and test reporting lines posted throughout the facility.

While conducting the site review, the auditor reviewed: privacy issues, supervision practices and ratios, programming and education areas, work areas, camera placement and the location of any blind spots, the food service area, storage areas, as well as the basement and roof. This auditor observed no less than two residential specialists present in the facility on each shift (7-3p, 3-11p, & 11-7a). This auditor was able to observe an adaptive-life skills resident group being facility by program staff in the conference room. This auditor was able to locate camera placements throughout the facility and review the and manipulate the display settings at staff computer stations. All areas of the facility were monitored. This auditor observed the roof access and had staff employ key control measures to provide this auditor with access to the roof. During the site review, the auditor conducted informal interviews with residents and staff. The informal interviews covered a wide-range of topics; the overwhelming response and feeling while engaging with residents and staff at the program was that they felt like they resided and worked in a sexually safe environment. PREA-related education materials were observed in the intake/booking area, centrally located at the elevator, and in the dining area. Lastly, this auditor asked a resident to demonstrate how to file a grievance or submit a written report of an incident. This resident was able to do so.

Document Sampling and Review

The facility provided the auditor the requested listings of documents, files and records. From this information, the auditor selected and reviewed a variety of files, records and documents summarized in the following table and discussed in detail below:

Personnel and Training Files. The auditor reviewed six personnel records that included staff hired within the past 12 months as well as existing staff members. Additionally, the auditor reviewed staff who received promotions in the last year. The sample included a variety of job functions and post assignments, including both supervisory and line staff. Files for volunteer and contractors who have contact with inmates were sampled randomly across functional service areas. The methodology employed for this audit was selection of the staff name from a roster provided by the facility based on a numerical cadence chosen by the auditor. The auditor made adjustments to the random sample to reflect a diverse interview pool by selecting the name above the randomly identified selection. Effort was made to corroborate information obtained during staff interviews by reviewing personnel and training files of those staff previously interviewed.

Resident Files. Based on the resident population on the first day of the onsite phase of the audit, a total of 10 resident interviews were required. A total of seven resident files were reviewed by the auditor. Seven resident records were sampled across all housing units in the facility. There were no resident files of residents that had reported sexual abuse available for the auditor to review. The auditor randomly selected resident files to review. Additionally, the auditor attempted to corroborate information obtained during resident interviews by reviewing files of those residents that were previously interviewed.

Grievances. In the past year, the facility received 19 grievances; the facility identified that one of those grievances alleged sexual abuse or sexual harassment. The auditor reviewed the identified grievance and a random sample of the other 18 grievances.

Incident Reports. The facility reported there were two incident reports alleging sexual harassment and two incidents alleging sexual abuse for the 12 months prior to the audit. The auditor reviewed all identified incident reports.

Investigative files.

The Agency provided the auditor with a list of PREA-related allegations from the previous twelve months. There was a total of three investigative files to review. The auditor received and reviewed these investigative files.

Interviews: Staff

The auditor conducted interviews with the following agency leadership: Josh Helmer, Executive Director, and Chris Shotley, Director of Operations and PREA Coordinator. The PREA Auditor Handbook (August 2017) specifies "auditors are required to conduct at least 12 interviews with randomly selected staff during the onsite portion of the audit" (p. 54). Due to the nature of this agency's allocation of job responsibilities, some interviewees were asked multiple interview protocols. Additionally, due to the size of the overall staffing pool, all interviewees were asked the random staff protocol. The interviews were conducted in the conference room. These interviews were conducted in private with just the auditor and resident/staff in the room.

The Auditor conducted interviews with the following agency leadership (not counted in totals below):

Mr. Josh Helmer, Agency Head

Mr. Christopher Shotley, PREA Coordinator

The Auditor conducted the following number of staff interviews during the onsite phase of the audit:

Random Staff (Total) = 12

Specialized Staff* (Total) = 12

Total Staff Interviewed = 12

The breakdown of the specialized staff interviews is as follows:

- Agency contract administrator: (1)
- Intermediate- or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment (1)
- Line staff who supervise youthful inmates (0 – no youthful residents in the facility)
- Education staff who work with youthful inmates (0 – no youthful residents in the facility)
- Program staff who work with youthful inmates (0 – no youthful residents in the facility)
- Medical staff (0 – no medical/mental health staff employed by the agency)
- Mental health staff (0 – no medical/mental health staff employed by the agency)
- Non-Medical staff involved in cross-gender strip or visual searches (1)
- Administrative (human resources) staff (1)
- SAFE and SANE staff (0 – community-based agency interview)
- Volunteers who have contact with inmates (0 – due to COVID-19 Pandemic no volunteers or contractors have been permitted inside the program)
- Contractors who have contact with inmates (0 – see above)
- Investigative staff – Criminal investigations (agency level) (0 – agency does not conduct criminal investigations)
- Investigative staff – Administrative investigations (facility level) (1)
- Staff who perform screening for risk of victimization and abusiveness (1)
- Staff who supervise inmates in segregated housing (0 – facility does not have a segregated housing unit)
- Staff on the sexual abuse incident review team (1)
- Designated staff member charged with monitoring retaliation (1)
- First responders, security staff (1)
- First responders, non-security staff (1)
- Intake staff (1)
- Mailroom staff (1)

Total specialized staff interviews* = 12

*Note: many of the 12 specialized staff interviewed were responsible for more than one of the specialized staff duties; therefore, many of the above staff were interviewed utilizing multiple protocols. Additionally, due to the total sample size of available staff, this auditor interviewed all facility-level staff utilizing the random staff interview protocol in addition to any specialized staff interview protocols.

The random staff were selected across all shifts and housing units. The methodology employed for this audit was selection of one person from each shift during the dates of this auditor's audit. The auditor utilized this methodology as a selection based on the staff roster proved not feasible. The staff roster included part-time/relief staff and staff who were currently out on vacation time, etc. Additionally, due to the COVID-19 pandemic and staff availability, many staff worked multiple shifts during the onsite portion of this audit. The auditor was given complete discretion to select interviewees independently without input from the facility (except for the purposes of identifying specific staff that perform specialized functions). Random interviews were conducted using the Interview Guide for a Random Sample of Staff developed by the Department of Justice. Specialized staff were interviewed utilizing the Interview Guide for Specialized Staff developed by the Department of Justice. All staff in this facility perform specialized functions (e.g., Residential Specialists perform risk screening and classification). As a result, all random staff interviewed were additionally interviewed utilizing the specialized protocol that was applicable to their job responsibility.

Interviews: Residents

Based upon the resident population at the facility on the first day of the onsite portion of the audit, the PREA Auditor Handbook (August 2017) specifies that a minimum of 16 resident interviews must be conducted; a minimum number of eight random resident and eight targeted resident interviews are required.

The auditor conducted the following number of resident interviews during the onsite phase of the audit:

Random Inmates (Total) = 8

Targeted Inmates (Total) = 8

Total Inmates Interviewed = 16

The breakdown of the number of targeted inmate interviews is as follows:

- Youthful Inmates (0 – adult facility)
- Inmates with a Physical Disability (one identified)
- Inmates who are Blind, Deaf, or Hard of Hearing (none identified)
- Inmates who are LEP (one identified)
- Inmates with a Cognitive Disability (none identified)
- Inmates who Identify as Lesbian, Gay, or Bisexual (none identified)
- Inmates who Identify as Transgender or Intersex (none identified)
- Inmates in Segregated Housing for High Risk of Sexual Victimization (none identified; facility does not have a segregated housing unit)
- Inmates Who Reported Sexual Abuse/Sexual Harassment (5 identified; none current residents at the start of the onsite portion of the audit)
- Inmates Who Reported Sexual Victimization During Risk Screening (13 identified)

Total targeted inmate interviews = 8*

*Note: multiple target residents were interviewed using more than one interview protocol as a result of information they provided to the facility at intake or information that they provided to the auditor during their interviews. Additionally, due to the low numbers identified, this auditor has omitted where the targeted resident interviews were taken from to maintain anonymity of those residents interviewed.

The random residents were selected across all housing units and utilizing random methodology employed by this auditor. The methodology employed for this audit was selection of the resident name from a roster provided by the facility based on a numerical cadence chosen by the auditor. The auditor made adjustments to the random sample to reflect a diverse interview pool by selecting the name above the randomly identified selection. The auditor was given complete discretion to select interviewees independently without input from the facility. Interviews were conducted using the Interview Guide for Residents developed by the Department of Justice.

Targeted residents were identified from listings of residents provided by the facility at the beginning of the onsite portion of the audit. The auditor interviewed identified residents until the mandatory minimum number of interviews was conducted for this audit. Interviews were conducted using the Interview Guide for Residents that includes questions for targeted residents.

Exit Briefing:

A brief exit meeting was conducted by this auditor at the completion of the onsite portion of this audit. The exit briefing identified areas of strength evidenced by the facility during the onsite portion of this audit and areas that were under focus.

Post-Onsite Audit Phase

The auditor submitted an interim audit report to the facility on July 26, 2021. The auditor had numerous follow-up conversations with the PREA Coordinator/Director of Operations, the Facility Director, as well as other program staff. The Agency provided the auditor with a response and proposed corrective action plan on September 20, 2021. The Agency and auditor formulated a definitive action plan, corrective action milestones, and expected deliverables. Deliverables included: review of updated policy and procedures, re-interviewing staff or collaterals, and review of documentation. The Agency was able to demonstrate compliance for standards where corrective action was required by October 21, 2021.

Throughout the period of corrective action, the Agency provided the Auditor with corrective action deliverables, pursuant to the milestones previously agreed upon. Upon receipt of these deliverables, the auditor verified if these items met the agreed upon corrective action plan and the applicable provision/standard. Following deliverables, interviews were scheduled on an “as needed” basis. The Agency completed all corrective action milestones and the corrective action plan was closed out on October 21, 2021. The final report was submitted to the Agency on November 12, 2021.

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.

Community Extended Nuclear Transitional Residence for Ex-Offenders (Centre, Inc.) is a private nonprofit corporation with its administrative offices located in Fargo North Dakota. Centre, Inc. was founded in 1976 to provide rehabilitative services to individuals to achieve social reintegration. Centre defines its role as providing for public safety by offering specialized programs in the state that can effectively monitor and house individuals outside of institutions, jails, and prisons. Centre currently has four residential reentry centers in North Dakota: two in Fargo, one in Mandan, and another in Grand Forks. The audited facility is the Residential Reentry Center located at 100 6th Avenue SE, Mandan North Dakota. The facility and program moved to this location from Bismarck, ND February of 2008 and maintains contracts with the Federal Bureau of Prisons, U.S. Marshals Service (through its Federal Bureau of Prisons contract), and the North Dakota Department of Corrections and Rehabilitation. The facility has a capacity of 76 residents.

Centre Inc. Mandan reports an average daily population over the last 12 months of 58 residents. On the first day of the onsite portion of this audit, the population was 65 residents. This program services residents that are predominantly Caucasian and American Indian. Typically, English is the only spoken language amongst residents and staff, however the facility has had non-English speaking residents, providing language line or other forms of interpreter services. Residents range from the ages of 18 to 67 years-old and, on average, reside at the facility for 85 days.

Centre Inc. Mandan reports a total staff size of 26. The program employs a total of 14 Residential Specialists, which are its designated security staff. Additionally, the facility has 4 case management staff members, 2 Licensed Addiction Counselors and 3 high-level supervisory personnel (Program Manager, BOP Facility Director and a Program Director who serves as this location's PREA Compliance Officer).

Centre Inc. Mandan operates in a single constructed building comprised of two housing units for the community confinement of its residents divided into two units (Male Unit and Female Unit). This facility is a non-secure residential reentry facility that schedules staff 24/7, the operations of which are video monitored and recorded. The main floor of the facility contains a commercial kitchen, and assigned dining room, recreation, seating space, and outdoor patio for the Male Unit and Female Unit. The main floor has multiple-occupant bathrooms that have individual shower stalls that are curtained. The facility has 4 resident bedrooms on the Female Unit that house 6 to 8 residents and 8 resident bedrooms on the Male Unit that house 2 to 8 residents; there are no single occupancy rooms or segregated/isolation housing units. Each bedroom has a corkboard/message board, lockers, night stand, and desk. Additionally, the facility does not have any closed or not in use units within the facility. The facility does not have a medical or mental health unit.

Staff control rooms are located in the Male Unit and in the Female Unit. Control Rooms are where security staff observe the surveillance cameras, check residents in and out of the program, accept accountability calls, administer medications, and conduct pat/bag searches. Inside the control room a double-locked medication cabinet allows for the distribution of medications during predetermined times. The facility is controlled by a master keycard system as well as a hard key to access secure storage areas, non-utilized areas, and the roof. The hard key must be signed out through the shift supervisor in order to obtain access to these areas.

Centre Inc.'s programming focuses on treating criminogenic and/or destructive behavior and thinking, with services tailored to each individual's needs. The agency strives to ensure its programming continues to evolve and improve with attention given to an expanded array of issues. Cognitive behavioral treatment is a core program component. Addiction programming is mandatory for substance dependent individuals. Vocational counseling, job training, and job placement are priority program objectives for all clients. The staff teaches accountability and personal responsibility to residents/clients within a highly structured program. Consistency of effort and clarity of expectations are the valued underpinning of the case management effort. Each residents program within the context of the larger program is individualized and addresses the individual's issues/risks with a coherent, mutually agreed-upon treatment plan. Residents are referred to and utilize community-based organizations for medical and mental health services.

AUDIT FINDINGS

Summary of Audit Findings:

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

Number of standards exceeded:	2
Number of standards met:	39
Number of standards not met:	0

The auditor has determined the facility meets all standards for community confinement facilities (41 total standards). In addition to meeting all standards, the auditor has determined that the facility exceeds the following standards: 115.241 (for the Facility's expedience conducting a new arrival's risk screening assessment and providing residents PREA-related information) and 115.403 (for the Agency dedicating an entire page of its website for PREA-related information and reporting). Prior to a compliance determination, the facility went into a period of corrective action on July 26, 2021 for a total of two standards. The facility has 180 days to demonstrate compliance. The facility provided its corrective action plan on September 20, 2021 and provided further supporting documentation evidencing implementation of new programmatic practices on October 21, 2021.

The deficiencies initially observed were: the need to provide residents with information about access to outside victim advocates for emotional support services related to sexual abuse and develop and implement procedures to ensure all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility are offered a medical and mental health evaluation, and, as appropriate, treatment.

The Agency took many actions to ensure compliance with the previously identified deficient standards. These efforts included, but are not limited to: developed and enhanced policy and procedures, and increased the dissemination of information to residents. During the period of corrective action, the auditor employed various methods to reassess compliance that included: re-interviewing key staff, reviewing enhancements or revisions to policy and procedures, and reviewing supporting documentation.

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.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.211: Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Sexual Abuse/Assault Prevention & Intervention Policy P-19 (effective 5/4/2019) c. Sexual Harassment, Abuse, Assault Policy PE-26 (effective 4/12/2019) d. Centre, Inc. Director of Operations Job Description (created 10/18/2013) e. Centre, Inc. Organizational Chart 2. Interviews <ol style="list-style-type: none"> a. Centre, Inc. PREA Coordinator 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings (By Provision):</p> <p>115.211(a):</p> <p>Centre Incorporated (hereafter "Centre") has Policy P-19: Sexual Abuse/Assault Prevention & Intervention. Section I(A) of P-19 establishes "Centre Inc. mandates zero tolerance towards all forms of sexual abuse" (p. 1). P-19 also establishes: "[t]he Sexual Abuse/Assault Prevention and Intervention Policy includes several major elements. These elements include: 1. Prevention. 2. Detection: prompt and effective intervention to address the safety and treatment needs of victims if an assault occurs; and 3. Responding: investigation, discipline, and prosecution of assailants(s)" (p. 2). The Policy elaborates on these three "major elements" throughout the policy: 1) Section I(B)(1)–(2) further establishes expectations around Prevention; 2) Section I(B)(a)–(c) provides protocol around the supervision, monitoring, and Detection; and 3) Section II(C), (D), & (G) establishes protocols for the reporting, investigation, and prosecution of allegations – Response. Additionally, P-19 includes definitions of prohibited behaviors, to include: non-consensual sexual act, abusive sexual contact, staff sexual misconduct, staff sexual harassment, sexual assault, client sexual contact, and client sexual harassment (p. 3–4). Section 8(a) of P-19 establishes that "[s]exual contact between staff and inmates, volunteers, or contract personnel and inmates, regardless of consensual status, is prohibited, and subject to administrative disciplinary and criminal sanctions" (p. 12). Further, Section 8(h) establishes that "[e]mployees, contract volunteers, official visitors, or agency representatives who are found to have committed staff sexual misconduct . . . will face internal discipline, and the facility will also work with laws enforcement to aid in the prosecution of such charges to the fullest extent possible" (p. 12). Section I (B)(2) includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment or residents: "Centre direct-care staff utilizes facility checks/security inspections/resident counts, to maintain resident accountability and safety . . . [o]n-duty direct care staff is expected to be regularly out and about in the resident common areas of the facility . . . [and is] responsible for providing the supervision of residents/clients necessary to protect them from sexual abuse" (p. 3).</p> <p>During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. A review of P-19 reveals that the policy outlines the agency's approach to preventing, detecting, and responding to instances of sexual Abuse, the policy does not mandate zero tolerance toward all forms of sexual harassment (the policy statement is silent as to conduct other than sexual abuse). Further, the policy references that residents and staff will be disciplined for engaging in relevant prohibited behaviors.</p> <p>During the onsite portion of this audit, the Agency reported, "[i]t is Centre Inc.'s understanding that "Sexual Harassment" is a form of "Sexual Abuse" (p. 1). The PREA Coordinator informed this auditor that PE-19 and PE-26 are trained as companion policies. The Agency further provided PE-26: Sexual Harassment, Abuse, Assault, effective April 12, 2019. Section I provides, "[i]t is a violation to harass any employee, client, or other individual affiliated with Centre, Inc. Any individual</p>

determined to have violated this policy will be subject to appropriate disciplinary action, which, in the case of an employee or volunteer, may include termination or dismissal from employment/duty” (p. 76). The policy further provides a definition of Harassment and examples thereof (See pp. 77-79).

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

115.211(b):

During the pre-onsite portion of this audit, the Facility acknowledged compliance in this provision in its PAQ response. The facility reported the Director of Operations of Centre, Inc. is the PREA Coordinator and provide the auditor with a job description of that position. The facility also provided the auditor with an organizational chart of the agency. The job description establishes that the Director of Operations is responsible to “[e]nsure the agency adheres to all PREA standards governing community corrections; be aware of applicable PREA updates; update agency policy and procedures accordingly; complete annual report” (p. 2). The agency’s organizational chart reveals that the Director of Operation reports directly to the Executive Director who reports to the Board of Directors. The Director of Operations “is responsible for the oversight of . . . operations of all programs for Centre, Inc.” (p. 1).

During the onsite portion of this audit, the auditor interviewed the PREA Coordinator. In response to whether they felt that they had enough time to manage all PREA-related responsibilities, the PREA Coordinator responded: “Absolutely, yes. Our team is trained well which allows for delegation of duties making it extremely manageable.” The PREA Coordinator reported that during each protocol assessment, he ensures that if any modifications or updates are made, those changes adhere to the PREA standards. Further elaborating that he has a link to the Community Confinement Standards page of the National PREA Resource Center’s website as a link on his desktop for direct navigation. In the event that an issue with complying with a PREA standard is identified, the PREA Coordinator reported that he would identify what is causing the non-compliance and develop a corrective action designed to rectify it. He further elaborated that if it was a resource issue, he would explain the issue and need to the Executive Director. Protocol would be assessed to ensure it is designed to be compliant or in need of strengthening. If a policy and procedure update is needed, all applicable personnel would receive retraining. The PREA Coordinator also reported that he would notify our agency’s referral source / contract oversight personnel to communicate the issue of non-compliance and our agency’s plan to rectify. If needed, he would also consult with the North Dakota Department of Corrections and Rehabilitation’s PREA Coordinator for assistance.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

115.212	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.212: Contracting with other entities for the confinement of residents.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. North Dakota Department of Corrections and Rehabilitation Contract c. United States Probation Office Contract Award Letter d. Bureau of Prisons Contract Award Document e. Statement of Work f. Service Contract 2. Interviews <ol style="list-style-type: none"> a. Centre, Inc. Executive Director 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings (By Provision):</p> <p>115.212(a)–(c):</p> <p>During the pre-onsite portion of this audit, the Facility on behalf of Centre, Inc. reported in its Pre-Audit Questionnaire (PAQ) responses that they are not a “public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies” (Standard 115.212(a)). The Facility provided in its PAQ response copies of contracts from government agencies awarding the Agency the contract for the confinement of those entities’ residents. Those contracts are not responsive to this standard.</p> <p>During the onsite portion of this audit, this auditor interviewed the Executive Director of Centre, Inc. to review the information provided by the facility in its PAQ responses. The Executive Director corroborated the information provided and informed the auditor that Centre, Inc. does not contract with other facilities to provided services for them and, further, has not entered into any contract for the confinement of its residents since August 20, 2012, which predates their last PREA audit.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 639 297">115.213: Supervision and monitoring</p> <p data-bbox="240 329 1026 356">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 387 874 987" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Staff Coverage Policy PE-34 c. PREA Compliant Staffing Plan Binder d. Engineered Floor Plans indicating camera locations 2. Interviews <ol style="list-style-type: none"> a. Facility Director, or Designee b. PREA Coordinator 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant b. Reviewed PREA Compliant Staffing Plan Binder <p data-bbox="240 1016 483 1043">Findings (By Provision):</p> <p data-bbox="240 1075 362 1102">115.213(a):</p> <p data-bbox="240 1133 1426 1258">During the pre-onsite portion of this audit, the Facility indicated compliance in this provision in its PAQ responses. The Facility provided this auditor with its "PREA Compliant Staffing Plan Binder." The facility provided the average daily population of 65 since its last PREA Audit. The facility further provided the average daily population of 76 on which the staffing plan was predicated.</p> <p data-bbox="240 1290 1477 1518">During the on-site portion of this audit, this auditor interviewed the agency PREA Coordinator and the Facility Director. The Facility Director indicated that the facility has a staff plan. The Facility Director reported that the Director of Operations (also PREA Coordinator) conducts an annual assessment of agency wide staffing patterns. Consideration is given to the the physical layout of each facility, the composition of the resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and other relevant factors. The Facility Director further reported that a staff scheduled based on the staffing pattern is posted and monitored for compliance. The auditor was provided with a copy of the floor plans indicating the location of all video surveillance cameras in (and out of) the facility.</p> <p data-bbox="240 1550 1477 1711">When asked if the staffing plan is documented, the Facility Director responded by informing this auditor that the Director of Operations reviews and approves all Staffing Patterns on an annual basis. Once approved the Director of Operations initials and dates the Staffing Pattern. The Director of Operations maintains all approved Staff Patterns on file. To evidence compliance with this procedure, the facility provided this auditor with the Agency's PREA Compliant Staffing Plan Binder. Approval was evidenced by an acknowledgement and signature page.</p> <p data-bbox="240 1742 1490 1966">Also, while onsite, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that when assessing adequate staffing levels and the need for video monitoring, the facility considers: 1) the facility's physical layout to ensure as few as possible physical barriers exist that would hinder staff vantage points while considering resident privacy; 2) reviewing surveillance camera locations and their capabilities by conducting a physical walk-through of the campus – the more areas of the facility which are not visible by camera and or have hindered vantage points would be cause to increase staffing levels; 3) an increase in resident utilization; 4) substantiated or unsubstantiated incidents of sexual abuse; and 5) assessing whether or not staffing levels routinely have more experienced staff working on-shift with newer or less experienced staff.</p> <p data-bbox="240 1998 1493 2157">A review of the staffing plan provided establishes that the staffing plan contains an objective analysis of what staff and video monitoring are needed to protect the facility population from sexual abuse. The "document" reflects the results of an objective analysis of the facility's staffing needs to ensure sexual safety and identifies the personnel and any video monitoring technology necessary to safely and securely operate a facility in a manner that protects against sexual abuse. The staffing plan describes the numbers and types of positions and video monitoring equipment needed, and the manner in which they</p>

are deployed within each facility.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

115.213(b):

During the pre-onsite portion of this audit, the Facility indicated compliance in this provision in its PAQ responses. The facility indicated that this information is available in the "Needed adjustments to the Staffing Plan/Plan Deviation" section of the "PREA Compliant Staffing Binder." The facility also reported that single most common reasons for deviating from the staffing plan in the last 12 months was "[s]taff turnover due to the pandemic."

During the on-site portion of this audit, this auditor interviewed the Facility Director. The Facility Director indicated that the facility documents all instances of non-compliance with the staffing plan and the explanations for non-compliance. Also, while onsite, this auditor reviewed the responsive section in the PREA Compliant Staffing Binder which evidenced documentation of non-compliance.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 828 297">115.215: Limits to cross-gender viewing and searches.</p> <p data-bbox="240 329 1026 356">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 387 893 1043" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="240 445 893 927" style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Searches Policy P-18 c. Sexual Abuse/Assault Prevention & Intervention Policy P-19 d. Pat-down search Resident Logs (SecurManage) e. Staffing Training Rosters 2. Interviews <ol data-bbox="240 790 703 927" style="list-style-type: none"> a. Random Staff b. Random Residents c. PREA Coordinator/Director of Operations 3. Site Review Observations: <ol data-bbox="240 1016 804 1043" style="list-style-type: none"> a. Observations during on-site review of physical plant <p data-bbox="240 1133 483 1160">Findings (By Provision):</p> <p data-bbox="240 1191 360 1218">115.215(a):</p> <p data-bbox="240 1249 1485 1509">During the pre-on-site portion of this audit, the Facility indicated compliance in this provision in its PAQ responses and reported the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. The Facility provided this auditor Policy P-18: Searches. Section F of P-18 establishes, “[t]wo or more staff of the same gender as the client must be present to conduct [a strip] search . . . [c]onduct this search away from the view of all other gender staff persons, residents, or visitors” (p. 8). Section G of P-18 further establishes, “[i]f staff suspect’s contraband is being hidden in a person’s body cavity, they must consult the Executive Director or designee for approval to transport the person to a medical facility to conduct the search” (p. 9). The facility indicated that over the past 12 months, there have not been any cross-gender strip or cross-gender visual body cavity searches of residents.</p> <p data-bbox="240 1599 1485 1859">During the on-site portion of this audit, this auditor was informed that there was no cross-gender strip or cross-gender visual body cavity search logs to review. To corroborate the information provided in the PAQ (that there have been no cross-gender strip or visual body cavity searches conducted), this auditor asked all random residents whether they had been or know of another resident that had been the subject of a strip search or visual body cavity search by a staff person of the opposite gender. Out of 16 residents interviewed, all 16 responded with “they don’t do that here” (or similar response). Further, this auditor asked all staff whether these searches were permitted to be conducted. All 12 staff interviewed reported that they were not allowed to conduct these types of searches on a resident of the opposite gender and further informed this auditor that they were not aware of any instance when one was performed.</p> <p data-bbox="240 1948 1453 2007">Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.</p> <p data-bbox="240 2096 360 2123">115.215(b):</p>

During the pre-onsite portion of this audit, the Facility indicated compliance in this provision in its PAQ responses and reported the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. The Facility provided this auditor with Policy P-18: Searches. Section E of P-18 establishes, “[t]wo or more staff of the same gender as the client must be present to conduct [a pat] search. Cross-gender pat down searches of residents is prohibited” (p. 5).

During the onsite portion of this audit, this auditor interviewed 12 staff members and asked them whether residents detained at this facility are restricted from access to programs or outside opportunities in the event a female staff was not available to pat-search them. All staff interviewed reported that this would not happen as there are only female staff employed at this facility. This auditor also conducted 16 randomly selected resident interviews. All 16 residents indicated that they have never been pat-down searched by a male staff. All 16 residents confirmed that they had never been restricted from the community for that reason.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.215(c):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and indicated, “[t]hese are prohibited, however if they occurred for whatever reason, it is required that all searches are documented.” The Facility provided this auditor with Policy P-18: Searches and indicated “[n]o cross gender strip searches or cross gender visual body cavity searches.” Section F(10) establishes staff shall “[d]ocument all details in a running narrative or Resident Log (SecurManage) in the client’s case file” in the event of a strip search (p. 9). Further, G(3) establishes, “[i]f any prohibited material/contraband is found [during a visual body cavity search staff shall] . . . complete a Report of Significant Incident Report” (p. 9). Lastly, Section E establishes that staff shall “[d]ocument all details in a running narrative or Resident Log (SecurManage) in the client’s case file” for any pat-down search (p. 7).

During the onsite portion of this audit, this auditor reviewed Resident Logs on SecurManage of six randomly selected residents (of those residents selected by this auditor for interviews). A review of these logs revealed that pat-down searches were conducted by staff of the same gender and all were documented. Additionally, while in the program, this auditor observed random pat-down searches being performed. This auditor did not observe any cross-gender pat-down searches being conducted. As noted above, the facility reported no cross-gender strip, visual body cavity, or pat-down searches being conducted over the past 12 months.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.215(d):

During the pre-onsite portion of this audit, the Facility provided this auditor with Policy P-19: Sexual Abuse/Assault Prevention & Intervention. Section A establishes, “[i]n non-emergency situations, male employees, interns and volunteers are prohibited from entering female sleeping and bathing quarters if occupied unless they are accompanied by a second staff. Except in the case of emergency or other extraordinary or unforeseen circumstances, Centre Inc. restricts cross-gender viewing by nonmedical staff of residents/clients who are nude or performing bodily functions” (p. 2). Additionally, Section II(B) defines voyeurism by a staff member, contractor, or volunteer as a prohibited act; defined as: “invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in his or her cell to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breast; or taking images of all or part of an inmate’s naked body or of an inmate performing bodily functions” (see p. 6). Lastly, Section I establishes, “[s]taff of the opposite gender are required to announce their presence when entering resident sleeping rooms and bathrooms (p. 2).

During the onsite portion of this audit, this auditor interviewed 16 residents and 12 staff. All 16 residents interviewed reported that staff knock and announce their presence prior to entering their bedroom. All 16 residents reported that they had never

seen a male staff enter their housing area. Additionally, all 16 residents reported that they have never been or have seen any other resident be naked in full view of staff, generally, regardless of gender.

This auditor also made observations and engaged informal conversations with residents and staff while conducting the facility tour. This auditor observed all staff announcing their presence when entering a resident's bedroom. When looking inside the bathroom from the staff's vantage point (in the common area), the door opens to individually partitioned bathroom toilet stalls and one could not see the shower stalls. When inside the bathrooms there were no exposed areas. All stalls had curtains for the showers and doors for the toilets. There are no cameras located in resident bedrooms or bathrooms.

All 12 staff interviewed reported that they announce their presence when entering a resident's bedroom or when entering the bathroom. Likewise, all 12 staff reported that residents are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

The Department of Justice PREA Working Group defines a housing unit as a "unit [that] contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations" (PREA Auditor Handbook p. 41, available online at <https://www.prearesourcecenter.org/node/5341>). This facility's policies and practice evidenced that staff are aware that if a staff member of the opposite gender were to enter the housing unit, they are to announce their presence.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.215(e):

During the pre-onsite portion of this audit, the Facility provided this auditor with Policy P-19: Sexual Abuse/Assault Prevention & Intervention and indicated compliance in this provision. Section A establishes, "Centre Inc. prohibits searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status. If a resident's genital status is unknown, staff will communicate with the resident, the referral agency and review documentation provided to Centre from the referral agency to assist with determining the resident's status. It is possible to learn this information as part of a broader medical examination conducted in private by a medical practitioner" (p. 2).

During the onsite portion of this audit, this auditor conducted 12 staff interviews. All staff reported that they are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. The facility reported that there were no transgender or intersex residents residing in the program on the first day of the audit. This audit attempted to verify that by asking staff whether or not they were aware of a current resident in the facility that identified as either transgender or intersex to which this auditor was told there were not any present.

The Department of Justice has issued a Frequently Asked Questions (FAQ) response that is responsive to this practice. "An agency cannot search or physically examine transgender or intersex inmates/residents/detainees for the sole purpose of determining their genital status. As noted in PREA Standards 115.15(d), 115.115(d), 115.215(d), and 115.315(d), if an inmate's, resident's or detainee's genital status is unknown, an agency can determine it through conversations with the inmate/resident/detainee, 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" (December 02, 2016). The examination to identify genital status must be part of a "broader medical examination"; the genital status must not be the sole basis of the examination.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.215(f):

During the pre-onsite portion of this audit, the Facility indicated that 100% of its staff is trained on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. The facility indicated that the residential staff received training in the "Search policy." Section E of Policy P-18: Searches establishes protocol on how to conduct a pat-down search (p. 5–8). Additionally, it establishes that "[c]ross-gender pat-down searches of residents are prohibited" (p. 5).

During the onsite portion of this audit, this auditor interviewed 12 random staff. All 12 staff identified that upon hire and annually, they receive training in P-18 and are required to complete the training titled "Searches and Inspections" on Relias Learning. Additionally, all staff indicated that they had received training on how to conduct pat-down searches of transgender and intersex residents. A review of 16 staff training files revealed that all 16 had completed this training annually.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision as staff demonstrated that the training they received includes how to conduct searches of transgender or intersex residents in a professional and respectful manner, consistent with security needs.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1145 297">115.216: Residents with disabilities and residents who are limited English proficient.</p> <p data-bbox="240 331 1023 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 389 887 931" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Sexual Abuse/Assault Prevention & Intervention Policy P-19 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. Residents with disabilities c. Resident who are limited English proficient d. Random Staff 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p data-bbox="240 1016 480 1043">Findings (By Provision):</p> <p data-bbox="240 1075 360 1102">115.216(a):</p> <p data-bbox="240 1133 1465 1330">During the pre-onsite portion of this audit, the Facility provided this auditor with Policy P-19: Sexual Abuse/Assault Prevention & Intervention and indicated compliance in this provision. Section II(A)(3) establishes, “[a]ppropriate provisions will be made as necessary for clients with limited English proficiency, clients with disabilities and clients with low literacy levels” (p. 6). Additionally, the facility provided the auditor with a list of North Dakota certified interpreter services that are available in the event one is needed. The list of interpreters includes, but is not limited to: communication services for the deaf, American Sign Language interpreters, voice-to-sign interpreters, and other language-based interpreter services.</p> <p data-bbox="240 1415 1473 1612">During the onsite portion of this audit, this auditor interviewed the Agency Head of Centre Inc – the Executive Director. The Executive Director reported that Centre Inc. has established procedures to provide residents with disabilities and residents who are limited English proficient 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. He further communicated that the Facility’s ACA accreditation also mandates we have protocol in place to accommodate translating and providing all program related information including PREA information to residents who may need additional assistance.</p> <p data-bbox="240 1697 1473 1859">On the first day of the onsite portion of this audit, the facility indicated two residents were present in the facility that were classified as having a physical disability; who are blind, deaf, or hard of hearing; who are limited English proficient; or with a cognitive disability. An interview of these residents revealed that they received information about sexual abuse and sexual harassment that they were able to understand. One resident indicated that they had received their handbook in the resident’s first language. This individual was also able – and reported that they were able – to speak English.</p> <p data-bbox="240 1944 1481 2141">During the facility tour this auditor observed the list of certified interpreters in the control room. Through informal conversations with staff, it was reported that these services are available and many staff were aware of these services. A review of six staff training files revealed that all staff completed “Cognitive-Based Communication Skills with Individual on Community Supervision” on Relias Learning (an online training database); although the target of this training is criminogenic thinking, a review of the training reveals that the recipient will be introduced to four cognitive-based skill strategies that the staff can utilize to improve their interpersonal communication when communicating with residents in their care. Further, all</p>

staff identified that they received training upon hire and on an annual basis on the agency's procedures to provide all residents equal access to the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.216(b):

During the pre-onsite portion of this audit, the Facility provided this auditor with Policy P-19: Sexual Abuse/Assault Prevention & Intervention and indicated compliance in this provision. Section II(A)(3) establishes, "[a]ppropriate provisions will be made as necessary for clients with limited English proficiency, clients with disabilities and clients with low literacy levels" (p. 6). Additionally, the facility provided the auditor with a list of North Dakota certified interpreter services that are available in the event one is needed. The list of interpreters includes, but is not limited to: communication services for the deaf, American Sign Language interpreters, voice-to-sign interpreters, and other language-based interpreter services.

On the first day of the onsite portion of the audit, there was one resident who was identified as being limited English proficient. As outlined above, this resident also spoke and understood English.

In review of the facility characteristics and make up of current population, it was revealed that this facility only occasionally services residents that are limited English proficient. When questioned whether the facility has materials available in other languages, the PREA Coordinator (and other staff during informal interviews) reported that they utilize translation services when needing the Facility's handbook and other information translated for residents. A Spanish copy of the Handbook was provided for the auditor to review.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.216(c):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with Policy P-19: Sexual Abuse/Assault Prevention & Intervention and indicated compliance in this provision. Section II(A)(3) establishes, "[t]he agency will not rely on resident interpreters, resident readers or other types of resident assistants" (p. 6).

The facility indicated that they would document the use of the use of resident interpreters but reported that the facility has not utilized resident interpreters, readers, or any other type of resident assistants over the past twelve months.

During the onsite portion of this audit, this auditor interviewed 12 staff. All 12 staff reported that under no circumstances would the agency ever allow the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 686 297">115.217: Hiring and promotion decisions.</p> <p data-bbox="240 331 1026 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 389 1107 1160" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="240 445 1011 815" style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Employee Recruitment/Filling a Job Vacancy & Background Check PE-5 c. P-19: Sexual Abuse/Assault Prevention & Intervention d. Meeting Minutes from Agency's Bi-Annual Manager Meeting (November 19, 2019) e. Background check records f. Personnel files or persons hire or promoted in the past 12 months g. Application for Employment 2. Interviews <ol data-bbox="240 904 754 1043" style="list-style-type: none"> a. Administrative/Human Resources Staff b. Informal interviews with staff during site review c. PREA Coordinator/Director of Operations 3. Site Review Observations: <ol data-bbox="240 1133 804 1160" style="list-style-type: none"> a. Observations during on-site review of physical plant <p data-bbox="240 1249 483 1276">Findings (By Provision):</p> <p data-bbox="240 1308 360 1335">115.217(a):</p> <p data-bbox="240 1366 1484 1724">During the pre-onsite portion of this audit, the Facility indicted compliance with this provision and provided this auditor with Policy PE-5: Employee Recruitment/Filling a Job Vacancy & Background Check. PE-5 requires, "[a]ll applicants for employment, internship, or volunteerism with Centre, Inc. are required to provide complete details of a criminal/conviction record or current charges for any violation of the law on Centre's, Inc.'s application" (p. 18). It additionally establishes "[i]f the event the prospective employee had previous employment in an institution (jail detention center, prison, or other community corrections or residential facility/program) the manager responsible for hiring will contact all prior institutional employee supervisor for information on whether or not there were any substantiated allegations of sexual abuse" (p. 18). Lastly, the policy establishes "Centre Inc. managerial/supervisory staff carefully considers any history of criminal activity at work or in the community including but not limited to any convictions or adjudications for domestic violence, stalking, and sex offenses. If substantiated, applicants who have engaged in sexual activity in the community facilitated by force, the threat of force, or coercion, will be disqualified from employment with Centre, Inc." (p. 20).</p> <p data-bbox="240 1814 1468 1971">During the onsite portion of this audit, this auditor conducted six personnel file reviews selected at random. Of these six personnel files, all six files revealed institutional reference check forms were completed. Of the six personnel files, one individual was promoted within the past 12 months (other files indicated a promotion prior to the last PREA audit). All represented personnel files (and accompanying criminal record check binder) contained National Crime Information Center (NCIC) criminal background checks for that employee.</p> <p data-bbox="240 2060 1492 2150">The one personnel file of an employee being promoted since their last PREA audit did contain an additional criminal background check, institutional reference check, or administrative adjudication check. Centre Inc. includes the administrative adjudication checks as part of the employee's self-evaluation during a performance review as indicated by the self-evaluation</p>

form. For this staff person, a self-evaluation was completed. Centre Inc.'s Application for Employment asks specifically whether the applicant has any convictions or adjudications for domestic violence, stalking, or sex offenses committed in the community.

Agency policy does in fact establish that prospective employees are barred from employment in the event that the individual has engaged in the listed prohibited behaviors.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.217(b):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with Policy PE-26: Sexual Harassment, Abuse, Assault. Section I establishes, "[i]t is a violation of this policy for any agent of Centre, employee, volunteer, client, or other individual to harass any employee, client, or other individual affiliated with Centre, Inc. Any individual determined to have violated this policy will be subject to appropriate disciplinary action, which, in the case of an employee or volunteer, may include termination or dismissal from employment/duty" (p. 76).

During the onsite portion of this audit, this auditor interviewed human resources staff. This staff person reported that the Facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. The staff person discussed in addition to criminal background checks for new employees and contractors, current employees' personnel files are reviewed when making determinations for promotion.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.217(c):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with Policy PE-5: Employee Recruitment/Filling a Job Vacancy & Background Check. PE-5 requires, "[a]ll applicants for employment with Centre, Inc. or applicants for internship/volunteerism are required to submit to a criminal background check in accordance with state and/or federal statutes prior to beginning employment or their internship/volunteering" (p. 19). It additionally establishes "[i]n the event the prospective employee had previous employment in an institution (jail detention center, prison, or other community corrections or residential facility/program) the manager responsible for hiring will contact all prior institutional employee supervisor for information on whether or not there were any substantiated allegations of sexual abuse" (p. 18). Lastly, the policy establishes "Centre Inc. managerial/supervisory staff carefully considers any history of criminal activity at work or in the community including but not limited to any convictions or adjudications for domestic violence, stalking, and sex offenses. If substantiated, applicants who have engaged in sexual activity in the community facilitated by force, the threat of force, or coercion, will be disqualified from employment with Centre, Inc." (p. 20). The Facility indicated that there were 11 persons hired who may have contact with residents who have criminal background checks over the past 12 months.

During the onsite portion of this audit, this auditor conducted six personnel file reviews selected at random. Of these six personnel files, all files revealed institutional reference check forms were completed. Of the six personnel files, one individual was promoted within the past 12 months (other files indicated a promotion prior to the last PREA audit). All six personnel files (and accompanying criminal record check binder) contained National Crime Information Center (NCIC) criminal background checks for that employee.

During the onsite portion of this audit, this auditor interviewed human resources staff. This staff person reported that depending on the location that the employee will be working, criminal background checks are run either by the Federal

Bureau of Prisons (BOP) or the North Dakota Bureau of Criminal Investigation (BCI) for all new employees. The BOP determines the criteria that must be met for employees working with federal clients and the Executive Director makes determinations for employees not working with federal clients. Contractors who will be working on-site must also pass a BCI background check. Prior to and during the recent transitional period in the human resources department, it was revealed by internal auditing practices and a prior PREA audit that background checks were not been completed for individuals as a part of their consideration for promotion, however, this is in policy and the HR department now ensures that this process is completed.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.217(d):

During the pre-onsite portion of this audit, the Facility indicted compliance with this provision and provided this auditor with Policy PE-5: Employee Recruitment/Filling a Job Vacancy & Background Check. PE-5 establishes, “[a]ll applicants for employment with Centre, Inc. or applicants for internship/volunteerism are required to submit to a criminal background check in accordance with state and/or federal statutes prior to beginning employment or their internship/volunteering” (p. 19). PE-5 further establishes, “Centre Inc. conducts criminal background records checks at least every five years on current employees and contractors who may have contact with residents” (p. 20). The facility reported that in the past 12 months, there were three contracts for services where those contractors would have contact with resident.

During the onsite portion of this audit, this auditor interviewed human resources staff. This staff person reported that the Facility conducts NCIC criminal background checks through the Federal Bureau of Prisons for all contractors that would have contact with residents. The staff person provided me with orientation packets for the contractors that are currently engaged with the facility. This staff person informed this auditor that when in the facility, these individuals are accompanied by staff. This was verified throughout the audit during informal conversations with staff that informed this auditor that a staff person always accompanies them during their visit.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.217(e):

During the pre-onsite portion of this audit, the Facility indicted compliance with this provision and provided this auditor with Policy PE-5: Employee Recruitment/Filling a Job Vacancy & Background Check. PE-5 establishes, “Centre Inc. conducts criminal background checks at least every five years on current employees and contractors who may have contact with residents” (p. 20).

During the onsite portion of this audit, this auditor conducted six personnel file reviews selected at random. All files of employees that had been employed for longer than five years contained criminal background checks. Further, this auditor was provided access to this Facility’s criminal background check binder that contained all criminal background checks for active employees. A spot check of additional staff revealed that criminal background checks are ran every five years. During the onsite portion of this audit, this auditor interviewed human resources staff. This staff person reported that the Facility utilizes the Federal Bureau of Prisons to conduct all of their criminal background records check and that is done upon hire and every five years for all current employees and contractors who may have contact with residents.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.217(f):

During the pre-onsite portion of this audit, the Facility indicted compliance with this provision and provided this auditor with a copy of its Application for Employment. Centre Inc.'s Application for Employment specifically asks whether the applicant has any convictions or adjudications for domestic violence, stalking, or sex offenses committed in the community in three separately delineated questions.

During the onsite portion of this audit, this auditor interviewed human resources staff. This staff person reported that the Agency asks all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this standard. This person reported that all applicants are required to provide information about previous institutional employment and sign releases of information allowing those employers to disclose any information they have about known sexual assault or harassment. Additionally, this staff person reported that on the first day or orientation, the new employee is provided an employee handbook and this staff person reviews that all employees have an affirmative duty to continue to disclose any such misconduct and that this obligation is stated in Centre's Employee Standards of Conduct, Ethics, and Responsibility and Sexual Harassment, Abuse, and Assault policies.

During the onsite portion of this audit, this auditor conducted six personnel file reviews selected at random. Of these six personnel files, all files of staff having been employed long enough for a performance review included a self-evaluation form that asked employees about previous misconduct (same questions as were on the Application for Employment).

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.217(g):

During the pre-onsite portion of this audit, the Facility indicted compliance with this provision and provided this auditor with Policy PE-5: Employee Recruitment/Filling a Job Vacancy & Background Check. PE-5 establishes, "[f]alsifying any information on an application will be grounds for not hiring and or other disciplinary action up to and including termination" (p. 18).

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision as Agency has a policy responsive to this provision.

115.217(h):

During the onsite portion of this audit, this auditor interviewed human resources staff. This staff person reported that Per Centre's References (Employee & Former Employees, Volunteers, and Interns) policy, a release of information must be signed by the previous employee allowing for the release of information beyond the previous employee's job title and dates of employment.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision as Agency has a policy responsive to this provision.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 746 297">115.218: Upgrades to facilities and technology.</p> <p data-bbox="240 331 1026 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 387 874 815" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Facility Site Plans 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. Facility Director of Designee 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p data-bbox="240 902 483 929">Findings (By Provision):</p> <p data-bbox="240 958 363 985">115.218(a):</p> <p data-bbox="240 1016 1474 1077">During the pre-onsite portion of this audit, the Facility indicated that Agency/Facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.</p> <p data-bbox="240 1167 1485 1458">During the onsite portion of this audit, this auditor interviewed the Agency Head (Executive Director of Centre, Inc.) as well as the Facility. The Executive Director reported that although no new substantial expansions or modifications have been completed since the last PREA audit, in the past, when Centre has planned projects, the initial meeting with the architects involves a discussion about the importance of site lines for staff to ensure the sexual safety (and general safety) of the residents in their care. Additionally, the Executive Director reported that Centre Inc. has PREA in mind whenever they update or design the camera surveillance, door lock, and card access systems. The Facility Director reported to this auditor that no major renovations were done to the facility nor has any changes been made to the facility's video surveillance system since the last PREA audit. The PREA Coordinator provided this auditor with facility plans listing surveillance camera locations with their respective angle of observation.</p> <p data-bbox="240 1547 1490 1641">Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision as the agency considers the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.</p> <p data-bbox="240 1731 363 1758">115.218(b):</p> <p data-bbox="240 1789 1449 1850">During the pre-onsite portion of this audit, the Facility indicated that the Facility has installed or updated a video monitoring surveillance system since its last PREA audit.</p> <p data-bbox="240 1939 1469 2161">During the onsite portion of this audit, this auditor interviewed the Agency Head (Executive Director of Centre, Inc.) as well as the Facility. The Executive Director reported that Centre Inc. has a newly installed camera surveillance system that was installed in 2018. The Executive Director reported that the upgraded system was selected because it was modern, had better picture quality, and is easily accessible from any employee's computer. All these, it was reported, were aimed at providing a safer environment for the residents in their care. The Facility Director reported that when installing or updating monitoring technology, such as a video monitoring system or electronic surveillance, the facility considers the effect of the facilities design and account for any blind spots in observation to enhance residents' protection from sexual abuse.</p>

During informal conversations with staff, including the PREA Coordinator, Executive Director, and direct care staff, all reported that when speaking of safety and security, PREA and promoting a sexually safe environment free of sexual abuse is at the forefront of every conversation whether its during supervision or during staff meetings.

Additionally, during the site review, this auditor sat down with his escorting staff person to review the video surveillance system. All cameras were operational. The system is accessible from any computer on the network. The cameras can be seen in various groupings and in varying sizes of display. The picture quality is clear. Staff stations have two screens – one to operate SecurManage and accountability tracking and another that has the surveillance system on screen at all times. This was reviewed and verified throughout the site review.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision as the agency considers how the installation of or upgrading of its video monitoring system may enhance the agency's ability to protect residents from sexual abuse.

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.221: Evidence protocol and forensic medical examinations.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Sexual Abuse/Assault Prevention & Intervention Policy P-19 c. Memorandum of Understanding between Centre, Inc. and Mandan Police Department d. Memorandum of Understanding between Centre, Inc. and Central Dakota Forensic Nurse Examiners e. Memorandum of Understanding between Centre, Inc. and the Abused Adult Resource Center f. Centre Inc. Coordinated Responses to PREA Incidents g. Office of the Attorney General's North Dakota Sexual Assault Evidence Collection Protocol h. Office of the Attorney General's Guidelines for Packaging and Submission of Evidence 2. Interviews <ol style="list-style-type: none"> a. Random Staff b. PREA Coordinator c. SAFE/SANE Community-based Provider d. Rape and Abuse Crisis Center e. Residents who Reported a Sexual Abuse 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings (By Provision):</p> <p>115.221(a):</p> <p>During the pre-onsite portion of this audit, the Facility indicted compliance with this provision and provided this auditor with Policy P-19: Sexual Abuse/Assault Prevention & Intervention. The facility indicated in the PAQ that the agency/facility is responsible for conducting administrative sexual abuse investigations. However, P-19 establishes that they do not conduct administrative investigations of allegations of sexual abuse. Section I(D)(4)(b)(3) establishes that in the event there is a report of a recent non-consensual act (occurring within 72 hours), staff are to engage first responder duties and "[n]otify the local law enforcement agency having jurisdiction of the allegations and confirm [their] plan for investigation including time line(s)" (p. 9). Additionally, Section I(D)(5)(a)(4) establishes that in the event there is a report of non-consensual acts occurring 72 hours or more in the past, staff are to engage first responder duties and "[n]otify the local law enforcement agency having jurisdiction of the alleged incident and request they begin the investigation" (p. 10). Lastly, in the event there is a report of abusive sexual contacts, [i]f after the initial interview with the victim, the victim would like to file a police report and/or if the staff person suspects a crime may have been committed, the staff person will notify the local law enforcement agency having jurisdiction and request that they take over the investigation" (p. 11). The facility reported that the Mandan Police Department is the agency that has responsibility for conducting sexual abuse investigations.</p> <p>During the onsite portion of this audit, this auditor interviewed the agency investigator to review whether the agency conducts administrative investigations of sexual abuse. The agency investigator informed this auditor that in the event of an allegation of sexual abuse, the Mandan Police Department would be responsible for conducting the investigation. Responding staff would be responsible for securing the scene and prevent the destruction of any evidence (among other duties) until police can arrive. This auditor interviewed 12 random staff. All staff reported that the agency's investigator is the PREA Coordinator; in addition, all staff indicated that if they received a report of a sexual assault they were to keep the alleged victim safe, secure the scene and protect against any destruction of evidence, call the on-call and PREA Coordinator, and immediately contact local law enforcement in order for them to begin their investigation.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is not responsible for conducting any form of criminal or administrative sexual abuse investigations and this provision is, therefore, not applicable.</p> <p>115.221(b):</p> <p>The agency is not responsible for conducting any form of criminal or administrative sexual abuse investigations and this provision is, therefore, not applicable. During the pre-onsite portion of this audit, the facility provided this auditor with a Memorandum of Understanding with the Mandan Police Department that established, the Mandan Police Department "[u]tilize[s] protocol based on the 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."</p> <p>115.221(c):</p>

During the pre-onsite portion of this audit, the Facility indicted compliance with this provision and provided this auditor with Policy P-19: Sexual Abuse/Assault Prevention & Intervention. Section I(A) establishes, "Centre Inc. will refer all victims (client/offender-on-client/offender or staff-on-client/offender) of sexually abusive penetration to a qualified forensic medical examiner. All forensic medical exams will be provided free of charge to the victim. Centre Inc. will make available or provide by referral a victim advocate to accompany the victim through the forensic medical exam process" (p. 2). The facility also provided this auditor with Centre Inc.'s "Coordinated Response to PREA Incidents." The flow chart provides that staff shall "[e]ncourage SANE exam if warranted." The facility reported that there have been no forensic medical examination conducted in the reporting time period.

During the onsite portion of this audit, this auditor observed the "Coordinated Response to PREA Incidents" displayed on the wall at the control room of both Units. This auditor interviewed a member of the Sexual Assault Response Team. This individual identified that in the event of a sexual abuse allegation, law enforcement, SAFE/SANE, as well as a representative from the Abused Adult Resource Center would meet the resident at the hospital to provide their respective services. This auditor also spoke with an executive level representative of the Abused Adult Resource Center located in Bismarck, North Dakota. This representative informed this auditor that the Center would provide complimentary transportation from the facility to the local hospital for the completion of forensic medical examinations.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.221(d):

During the pre-onsite portion of this audit, the Facility indicted compliance with this provision and provided documentation of attempts made to enter into a Memorandum of Understanding between Centre, Inc. and the Abused Adult Resource Center in Bismarck, North Dakota. The Facility also provided this auditor with a letter of support drafted by the Agency in support of creating a dedicated position at the Center for PREA-related services from the local Residential Reentry Centers as well as the Department of Corrections and Rehabilitation.

During the onsite portion of this audit, this auditor interviewed the agency's PREA Coordinator and an executive-level representative of the Abused Adult Resource Center. The PREA Coordinator reported, Centre Inc. has a MOU with local Rape Abuse Crisis Centers. Typically, the assigned Case Manager would facilitate and assist the client with accessing these services. Centre Inc. validates the service provider's credentials through either requesting documentation from them or obtaining it via the company website. Centre Inc. has entered into formal MOUs with the service provider outlining Standard 115.221's expectations. A representative from the Abused Adult Resource Center reported that the two agencies have been in a formal agreement for at least the past three to four years and that the last MOU was executed in May of 2021. This representative reported that the Center is available for victim advocate services 24 hours a day, seven days a week and will make staff available for residents of Centre, Inc. The Center also employs a 1-800 number and is available for resident reporting of sexual abuse and sexual harassment.

On the first day of the onsite portion of this audit, the facility indicated no residents were present in the facility that were classified as reporting a sexual abuse. The auditor attempted to corroborate this report during interviews with randomly selected residents. No residents were identified as having reporting a sexual abuse.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.221(e):

During the pre-onsite portion of this audit, the Facility indicted compliance with this provision and provided this auditor with Policy P-19: Sexual Abuse/Assault Prevention & Intervention. Section I(A) establishes, "Centre Inc. will make available or provide by referral a victim advocate to accompany the victim through the forensic medical exam process" (p. 2).

During the onsite portion of this audit, this auditor interviewed the agency's PREA Coordinator. The PREA Coordinator reported that if requested by the victim, a qualified community-based advocate from the Rape and Abuse Crisis Center would accompany and provide emotional support services, crisis intervention, information, and referrals during the forensic examination process and investigatory interviews. As noted in subsection (d) of this standard, there were no residents present in the facility during the onsite portion of this audit that reported sexual abuse.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.221(f):

During the pre-onsite portion of this audit, the Facility indicted compliance with this provision and provided this auditor with a Memorandum of Understanding between Centre, Inc. and the Mandan Police Department. The MOU establishes that the Mandan Police Department "[u]tilize[s] protocol based on the 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." A review of the State of North Dakota's Office of Attorney

General "Guidelines for Packaging and Submission of Evidence," establishes that law enforcement agencies are to follow uniform collection practices for the packaging of DNA/Biological Evidence, among other classifications of evidence (see p. 3). Additionally, the Office of Attorney General supports local law enforcement agencies by distributing the "North Dakota Sexual Assault Evidence Collection Protocol" for use in investigating crimes of sexual assault. This protocol includes guidance for local law enforcement agencies for the utilization of SANEs. Additionally, it establishes that "[i]t is highly important that an advocate or support person be available to each sexual assault victim, regardless of age. Whenever possible, one support person should be assigned to stay with the victim during any interviews, as well as the entire visit to the emergency department" (p. 31).

During the onsite portion of this audit, as noted in subsection (f), despite this agency not being responsible for conducting criminal and administrative sexual abuse investigations, it ensures that the victim is accompanied by a qualified community-based victim advocate through the forensic examination process and investigatory interviews through a MOU with the Abused Adult Resource Center.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision. The facility has entered into a MOU with the Mandan Police Department for the completion of sexual abuse investigations. The facility ensures that the investigating agency follow the requirements of paragraphs (a) through (e) in that the Mandan Police: (a) follows uniform evidence protocols; (b) ensures the protocol was adapted from the DOJ'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"; (c) ensures forensic examinations are conducted by SANEs/SAFEs; (d) the victim advocates are made available to the victim; and (e) when requested, a victim advocate accompanies and supports the victim through the forensic examination process and investigatory interviews.

115.221(g): the auditor is not required to audit this provision.

115.221(h):

During the pre-onsite portion of this audit, the facility provided this auditor with a Memorandum of Understanding with the Abused Adult Resource Center. Based upon the review and analysis of all the available evidence, the auditor has determined that this provision is not applicable to the agency as the agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 975 297">115.222: Policies to ensure referrals of allegations for investigations</p> <p data-bbox="240 331 1026 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 387 1142 987" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Sexual Abuse/Assault Prevention & Intervention Policy P-19 c. Memorandum of Understanding between Centre Inc. and Mandan Police Department d. Agency Website: http://centreinc.org/prea e. Criminal and Administrative Investigative Files 2. Interviews <ol style="list-style-type: none"> a. Centre, Inc. Executive Director b. Investigative Staff 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p data-bbox="240 1077 483 1104">Findings (By Provision):</p> <p data-bbox="240 1133 360 1160">115.222(a):</p> <p data-bbox="240 1189 1477 1319">Centre Incorporated (hereafter "Centre") has Policy P-19: Sexual Abuse/Assault Prevention & Intervention. Section II(D) of P-19 establishes the protocols for "Investigations of Non-Consensual Sexual Acts, Abusive Sexual Contacts, Client Sexual Harassment, Staff Sexual Misconduct, or Staff Sexual Harassment" (p. 8). Centre has documented procedures establishing that all allegations of sexual abuse and sexual harassment, as delineated above, are investigated (p. 8–13).</p> <p data-bbox="240 1406 1489 1700">During the pre-onsite portion of this audit, Centre, Inc. indicated that over the past 12 months, there had been two allegations of sexual abuse and two allegations sexual harassment occurring at another facility. The Agency reported that all allegations resulted in the completion of an administrative investigation. The agency investigator substantiated the two sexual harassment allegations at the completion of the respective administrative investigation. The two allegations of sexual abuse involved one individual and incident. Upon review of the allegation, it was revealed that it was not a PREA-related incident as the conduct was alleged to have happened in the community and after the employee had previously been terminated from the facility. An administrative investigation was completed, however, at the request of the contracting authority. As a result, the two sexual abuse allegations have been withdrawn from the reported list of PREA allegations of sexual abuse occurring in the past 12 months preceding the PREA Audit.</p> <p data-bbox="240 1789 1477 1850">The completion of administrative investigations regarding the incidents of sexual harassment was evidenced by a "Notice of Prison Rape Elimination Act (PREA) Investigation Status" memorandum for each of the allegations.</p> <p data-bbox="240 1939 1489 2161">During the on-site portion of this audit, the Executive Director of Centre, Inc. was interviewed. The Executive Director communicated that he works very closely with the Director of Operations and agency PREA Coordinator to ensure the agency's procedure is followed precisely, ensuring an administrative or criminal investigation is completed for all allegations of sexual abuse or harassment. The Executive Director established that in the event of an allegation, an administrative investigation would be conducted and overseen by the PREA Coordinator in conjunction with his position. In the event of a criminal investigation, the law enforcement agency having jurisdiction is notified and requested to investigate. Both the PREA Coordinator and the Executive Director maintain contact with the detective or other point person to get updates on the</p>

progress and outcome of the investigation. This auditor was able to validate this practice by reviewing a prior investigation that involved referral to the local authorities; that investigative file included internal correspondence between the Cass County Sheriff's Office and Centre Inc.

During both resident and staff interviews, the auditor questioned whether or not the interviewee was aware of any instances of sexual abuse or sexual harassment while they resided/worked at the facility in an attempt to verify that all instances of sexual abuse and sexual harassment were disclosed to this auditor. No disclosures were made.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.222(b):

Policy P-19 establishes that "[a]n investigation is conducted and documented whenever a sexual assault or threat is reported . . . [upon receiving an allegation staff shall] notify the local law enforcement agency having jurisdiction of the allegations and confirm their plan for investigation including time line(s)." (p. 8-9). Section I(D)(7) further establishes that upon receipt of an allegation of sexual harassment, "[i]f after the initial interview with the victim . . . if the staff person suspects a crime may have been committed, the staff person will notify the local law enforcement agency having jurisdiction." (p. 11). Both Policy P-19 that delineates the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation as well as a Memorandum of Understanding between Centre, Inc. and the Mandan Police Department are published on the Agency's website, found here: <http://centreinc.org/prea/>

During the pre-onsite portion of this audit, Centre, Inc. indicated that over the past 12 months, there had been two allegations of sexual abuse and two allegations sexual harassment occurring at another facility. The Agency reported that all allegations resulted in the completion of an administrative investigation.

During the onsite portion of the audit, the auditor interviewed the Agency's Director of Operations who oversees all administrative investigations within the facilities. The Director of Operations established that all allegations of sexual abuse and sexual harassment (that rise to a criminal level) are referred for investigation to the Mandan Police Department, unless the allegation does not involve potentially criminal behavior.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.222(c):

Policy P-19 delineates the agency's responsibilities regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation. Section I(D)(4)(b)(3) requires staff to "[n]otify the local law enforcement agency having jurisdiction of the allegations and confirm [their] plan for investigation including time line(s)" (p. 9). The agency policy fails to describe the responsibilities of the investigating entity as it pertains to allegations of sexual harassment (that is criminal in nature). A Memorandum of Understanding between Centre, Inc. and the Mandan Police Department establishes that the Mandan Police Department "will provide necessary law enforcement investigation pertaining allegations of sexual abuse occurring at [the Facility]." The agency's policy P-19 is published on the Agency's website, found here: <http://centreinc.org/prea/>.

The MOU between Centre Inc. and the Mandan Police Department delineates the responsibilities of the agency and the investigating entity after the case has been referred for criminal investigation. Page one of the MOU details the Agency's responsibilities and pages two and three of the MOU details the investigating entity's responsibilities. Further, P-19 specifically delineate what actions Centre staff will perform and what actions the law enforcement agency are to perform during an investigation into an allegation of sexual assault and sexual harassment (see pages 9-10).

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.222(d) &(e): the auditor is not required to audit these provisions.

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 544 297">115.231: Employee training.</p> <p data-bbox="240 331 1026 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 392 887 987" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Sexual Abuse/Assault Prevention & Intervention Policy P-19 c. Personnel records d. Relias Learning Training Abstracts e. Informational developed by North Dakota Human Services 2. Interviews <ol style="list-style-type: none"> a. Random Staff b. PREA Coordinator/Director of Operations 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p data-bbox="240 1077 483 1104">Findings (By Provision):</p> <p data-bbox="240 1137 363 1164">115.231(a):</p> <p data-bbox="240 1198 1493 2123">During the pre-on-site portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Section I establishes, "Centre Inc. mandates zero tolerance towards all forms of sexual abuse" (p. 1). Section I(H)(1)–(4) establishes, "(1.) All new employees shall receive instruction on the specifics of the Sexual Abuse Assault Prevention and Intervention Policy and Procedure during their initial employee orientation training. This will include instruction related to the prevention, detection, response and investigation of sexual assaults and staff sexual misconduct; (2.) Volunteers and Contractors who have contact with residents will be trained on the specifics of the Sexual Abuse Assault Prevention and Intervention Policy and Procedure including the agency's zero-tolerance policy and information on how to report such incidents; (3.) Employees will receive refresher training/review of the policy and procedure will be conducted on an annual basis thereafter; [and] (4.) All training will be documented" (p. 14). Section 1(B)(3)(f) establishes "[e]mployees are prohibited from any form of retaliation against a client who makes an allegation of staff sexual misconduct or staff sexual harassment" (p. 12). Additionally, the facility provided this auditor with information that all staff are required to complete a Relias Learning 2-hour course titled, "PREA: Dynamics of Sexual Abuse in Correctional Systems. A review of this course reveals that it covers, "the dynamics of sexual abuse and sexual harassment in confinement; how to detect and respond to signs of threatened and actual sexual abuse; common reactions of sexual abuse and harassment victims; how to communicate effectively with inmates, including those identifying as [LGBTI]; and how to avoid inappropriate relationships with inmates/detainees. The facility also provided additional training abstracts indicating required course content responsive to this standard. Additionally, the facility indicated that all staff are required to watch Just Detention International's 16-minute education video for inmates (available online at: https://www.youtube.com/watch?v=ag-__vbx5Mg&feature=youtu.be). Watching the video establishes that it covers many of the topics listed above in addition to the facility has a zero policy against sexual abuse or sexual harassment, right to report instances privately and the resident has the right to be free from sexual abuse. Lastly, P-19 lists PREA standard 115.261 that establishes, "(c) Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services; (d) If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws; [and] (e) The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators" (p. 18).</p>

During the onsite portion of this audit, this auditor interviewed 12 staff and conducted six training file reviews. All 12 staff informed this writer that they had received training in each of the enumerated required trainings required under this standard. Upon further questioning around the substance of the training and this auditor asking staff to describe and/or explain how each portion of this training was communicated to them, all staff were able to inform this auditor whether a specific provision was trained in Relias, by the on-boarding staff person, or other trainer. Additionally, all staff were able to identify that North Dakota had a specific mandatory reporting statute and what his/her obligations were under the statute. A review of six personnel files revealed that all six staff received the aforementioned training (PREA Policy Review, PREA Video, and Relias Learning Training).

While walking through the facility, this auditor observed an informational developed by North Dakota Human Services that outlines North Dakota's mandatory reporting statute and displays what, when, what to include, and how to report allegations of abuse to applicable residents. These postings were displayed on the information board centrally located at the entrance of the facility and other common areas.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.231(b):

During the pre-onsite portion of this audit, the Facility indicated compliance in this provision and provided a training description from Relias Learning of a training titled, "PREA: Dynamics of Sexual Abuse in Correctional Systems." An abstract of this training confirms that this training is tailored to and reported that this training is tailored to all genders.

During the onsite portion of this audit, all staff reported that the training provided by Centre Inc. upon hire and during refresher courses is tailored to not only the gender of the residents at the facility, but also to their classification status (being in pre-release/community corrections). Out of the six personnel training files, all staff were evidenced to have received this training.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.231(c):

During the pre-onsite portion of this audit, the Facility requested guidance on what this provision is auditing. Upon explanation, the facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Section I(H)(3) establishes, "[e]mployees will receive refresher training/review of the policy and procedure will be conducted on an annual basis thereafter" (p. 14). The facility indicated, "PREA training is scheduled on an annual basis at Centre."

During the onsite portion of this audit, the auditor selected six random personnel files to review. Out of the six personnel files, all six evidenced completion of an annual refresher PREA trainings. The two trainings completed were titled, "PREA Video" and "PREA: Dynamics of Sexual Abuse in Correctional Systems." Additionally, each of the six random personnel files evidenced completion of an annual policy and procedure review, that included a review of PREA-related policies and procedures.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.231(d):

During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Section I(H)(4) establishes, “[a]ll training will be documented” (p. 14).

The aforementioned training records are documented in two ways: 1) the annual policy review and acknowledgement is documented by employee signature; 2) the completion of trainings is documented through a password protected that is unique for each employee. Management can then go into Relias Learning as an administrator and audit/review the status of completed trainings and print a master list of completed trainings per employee. The auditor reviewed this process and requested an agency-level staff person to demonstrate how they would audit completion of trainings and ensure that it was the staff person listed.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 703 297">115.232: Volunteer and contractor training.</p> <p data-bbox="240 331 1026 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 387 1353 875" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="240 445 1353 645" style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Sexual Abuse/Assault Prevention & Intervention Policy P-19 c. Prison Rape Elimination Act (PREA) Compliance Acknowledgment (Contractors, Venders and Volunteers) d. Volunteer and contractor training records 2. Interviews <ol data-bbox="240 730 963 757" style="list-style-type: none"> a. Volunteer(s) or Contractor(s) who may have Contact with Residents 3. Site Review Observations: <ol data-bbox="240 844 804 871" style="list-style-type: none"> a. Observations during on-site review of physical plant <p data-bbox="240 958 483 985">Findings (By Provision):</p> <p data-bbox="240 1016 363 1043">115.232(a):</p> <p data-bbox="240 1075 1477 1303">During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Section I(H)(2) establishes, "Volunteers and Contractors who have contact with residents will be trained on the specifics of the Sexual Abuse Assault Prevention and Intervention Policy and Procedure including the agency's zero-tolerance policy and information on how to report such incidents" (p. 14). Facility indicated in the PAQ that it had 54 volunteer or contractor who may have contact with residents. The Facility also provided me a copy of a form executed by each volunteer or contractor titled Prison Rape Elimination Act (PREA) Compliance Acknowledgment (Contractors, Venders and Volunteers).</p> <p data-bbox="240 1391 1490 1453">During the onsite portion of this audit, it was revealed that due to the COVID-19 global pandemic, the facility did not have any volunteers or contractors enter the facility. The 54 listed individuals in the PAQ were past volunteers and contractors.</p> <p data-bbox="240 1541 1477 1767">Also, while onsite, the facility provided this auditor with all training files of those reported individuals. A review of the contractor files revealed that they received a document titled, "PREA Compliance Acknowledgement (Contractors, Venders and Volunteers)." A review of this document evidences that it details the agency's policies and procedures regarding sexual abuse and sexual harassment prevention detection, and response. Additionally, all contractors, venders and volunteers are required to read and sign acknowledgement that they read and understand P-19: Sexual Abuse/Assault Prevention & Intervention Policy and Procedure. Due to the global pandemic, as reported above, the auditor was unable to interview a contractor or volunteer.</p> <p data-bbox="240 1854 1458 1917">Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.</p> <p data-bbox="240 2004 363 2031">115.232(b):</p> <p data-bbox="240 2063 1445 2157">During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Section I(H)(2) establishes, "Volunteers and Contractors who have contact with residents will be trained on the specifics of the Sexual Abuse Assault</p>

Prevention and Intervention Policy and Procedure including the agency's zero-tolerance policy and information on how to report such incidents" (p. 14).

As noted in provision (a) of this standard, the facility by their practice evidenced that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. A review of the prior contractor and volunteer files revealed that the individuals only had contact with residents while accompanied by a designated staff person. These individuals received training as outline in subsection (a) of this standard.

As previously outlined in subsection (a) of this standard, there were no contractors or volunteers to interview while onsite.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.232(c):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision.

During the pre-onsite portion of this audit, this auditor received files for all contractors and volunteers. The facility provided this auditor signed copies of Centre's acknowledgment of receipt and understanding of the Sexual Abuse/Assault Prevention & Intervention Policy and Procedure, Confidentiality Agreement, and "PREA Compliance Acknowledgement (Contractors, Venders and Volunteers)" for every contractor or volunteer.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 549 297">115.233: Resident education</p> <p data-bbox="240 331 1026 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 389 1382 882" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="240 421 1382 680" style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Resident Handbook c. Justice Detention International PREA Video (published 2/27/2014) d. Resident Confidential Case Files e. Sexual Abuse/Assault Prevention & Intervention Policy P-19 f. Referral, Admissions, Intake, & Orientation Processing Policy P-11 g. An Overview for Clients on Sexual Abuse/Assault Prevention and Intervention Signature Acknowledgment Page h. Resident Case Note 2. Interviews <ol data-bbox="240 725 461 779" style="list-style-type: none"> a. Intake Staff b. Random Residents 3. Site Review Observations: <ol data-bbox="240 824 786 882" style="list-style-type: none"> a. Observations during on-site review of physical plant b. PREA education materials/posted PREA Notices <p data-bbox="240 949 483 976">Findings (By Provision):</p> <p data-bbox="240 1010 360 1037">115.233(a):</p> <p data-bbox="240 1070 1493 1424">Centre has Policy P-11: Referral, Admissions, Intake, & Orientation Processing. Section II(h) of P-11 establishes that upon a resident admission “[o]n-duty staff provides the resident with a copy of the educational packet on ‘Centre’s Sexual Abuse/Assault Prevention and Intervention Program.’ A staff person and the resident review the packet. Staff answers questions as needed. Staff and the resident sign the acknowledgment, and a copy I placed in the resident’s case file” (p. 18). the protocols for “Investigations of Non-Consensual Sexual Acts, Abusive Sexual Contacts, Client Sexual Harassment, Staff Sexual Misconduct, or Staff Sexual Harassment” (p. 8). Centre has documented procedures establishing that all allegations of sexual abuse and sexual harassment, as delineated above, are investigated (p. 8–13). This “packet” is Section 3 of the Resident Handbook and includes information about the facility’s zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The facility indicated that over the past 12 months 262 residents were admitted and given this information at intake.</p> <p data-bbox="240 1514 1493 1805">During the onsite portion of the audit, the auditor interviewed intake staff. Intake Staff in this facility include Residential Counselors and Case Managers. Upon admission (as it pertains to this standard), the resident is provided and reviews with staff the orientation binder that includes the PREA-related materials. Within 48 hours of the resident’s admission, he meets with his assigned Case Manager who reviews the resident’s understanding of the materials provided at intake and commences with the resident’s case management intake. In addition, prior to going over facility specific policies and procedures during review of the orientation binder, all residents watch a sixteen-minute video developed by Justice Detention International that reviews the facility’s zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents.</p> <p data-bbox="240 1895 1493 2096">Sixteen residents were formally interviewed during the onsite portion of this audit. During random and targeted resident interviews, residents were asked specifically if they received information or 1) your right to not be sexually abused or sexually harassed, 2) how to report sexual abuse or sexual harassment, 3) your right not to be punished for reporting sexual abuse or sexual harassment, and 4) whether the resident received information about the facility’s rules against sexual abuse and harassment. Every resident, without hesitation, answered that they received all of the above-listed information and that staff did so within hours of them arriving to the facility.</p>

A random sample of seven resident files were selected of active residents by the auditor to review to ensure documentation of the resident's participation in the above-listed informational sessions. All resident files included a signed copy of "An Overview for Clients on Sexual Abuse/Assault Prevention and Intervention Signature Acknowledgment Page." The form states: "I have read the above educational information which addresses: the subject of sexual abuse/assault which included but was not limited to: recognizing behaviors that are inappropriate, harassing, or assaultive; how to seek protection; privacy rights; medical and psychological programs for victims of abuse; how to confidentially report sensitive issues to facility staff, the referral agent, and/or local law enforcement. I have been given the opportunity to have questions answered regarding the above information by a staff member." This document was used by the auditor to verify participation in the education session.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.233(b):

Centre's Policy P-11: Referral, Admissions, Intake, & Orientation Processing does not differentiate between admissions for residents who are transferred from a different community confinement facility from any other admission.

During the pre-onsite portion of this audit, the Facility indicated that a "[f]ull orientation [is] completed upon intake for all admissions." The Facility indicated that over the past 12 months, there had been 142 residents transferred from a different community confinement facility.

During the onsite portion of the audit, as indicated above in provision (a), all resident interviews conducted onsite and resident case file audits of a random sample of residents currently in the facility indicated that all residents receive education pertinent to this provision upon admission to the facility.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.233(c):

Centre has Policy P-19: Sexual Abuse/Assault Prevention & Intervention. Section II(A)(3) of P-19 establishes that "[a]ppropriate provisions will be made as necessary for clients with limited English proficiency, clients with disabilities, and clients with low literacy levels . . . The Program Director/Manager and Case Manager will develop a plan specific to each unique situation designed to ensure all residents have 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" (p. 6).

During the onsite portion of the audit, this auditor reviewed resident education materials provided to the residents (Just Detention International PREA video, Resident Handbook excerpts, and a print out of the large notice displayed throughout the facility) as well as materials posted throughout the facility. All postings/materials were in English. A resident Handbook written in Spanish was also provided to the auditor. A review of resident utilization over the past 12-months and interview with the PREA Coordinator revealed that this corresponds to the resident demographics of this facility. On the first day of the onsite portion of the audit, the facility indicated they currently had two residents with physical disabilities, a cognitive disability, or who were limited-English proficient. The auditor interviewed both of these residents. Both residents reported that they received PREA education and materials that they were able to understand.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.233(d):

A random sample of seven resident files was selected by the auditor to review to ensure documentation of the resident's participation in the above-listed informational sessions. All resident files included documentation of a signed copy of "An Overview for Clients on Sexual Abuse/Assault Prevention and Intervention Signature Acknowledgment Page." As reviewed in provision (a) of this standard, this acknowledgement covers information pertaining to the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.233(e):

During the pre-onsite portion of this audit, the Facility indicated compliance in this standard and provided an electronic version of the "Centre Inc. Prison Rape Elimination Act (PREA) Notice to Residential Program participants."

During the onsite portion of this audit, this auditor observed the above-referenced PREA Notices posted throughout the facility: at entrances and in common areas on each floor. The displayed PREA Notices were large (poster board-sized documents) that included information about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. These postings were displayed at the entrance of the facility. The first thing this auditor noticed when walking into this facility was the notice. Additionally, while onsite the auditor requested and was provided with a copy of the Resident Handbook. During the facility review, this auditor witnessed Resident Handbooks in resident rooms.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision as key information about the agency's PREA policies was demonstrated to be continuously and readily available or visible for this facility's residents.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 724 297">115.234: Specialized training: Investigations.</p> <p data-bbox="240 329 1026 356">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 387 1350 929" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="240 445 1350 701" style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. PREA Grant Project Training Certificate c. NCIC Training Certificate of Completion d. North Dakota Department of Corrections and Rehabilitation Moss Group training completion memorandum e. Program Description of the 20-hour PREA Investigator Training facilitated by The Moss Group 2. Interviews <ol data-bbox="240 790 467 817" style="list-style-type: none"> a. Investigative Staff 3. Site Review Observations: <ol data-bbox="240 902 807 929" style="list-style-type: none"> a. Observations during on-site review of physical plant <p data-bbox="240 1016 483 1043">Findings (By Provision):</p> <p data-bbox="240 1075 360 1102">115.234(a):</p> <p data-bbox="240 1133 1469 1227">During the pre-onsite portion of this audit, the Facility indicated compliance in this standard and provided this auditor with a training certificate for four staff, indicating completion investigator training developed by The Moss Group and National Institute of Corrections (NIC).</p> <p data-bbox="240 1314 1493 1610">During the onsite portion of the audit, this auditor interviewed the agency's lead investigator. This person indicated they have received the following training: (1) training titled "The National PREA Standards: Implications for Human Resource Practices in Correctional Settings" sponsored by the National PREA Resource Center; (2) completed a 3-hour on-line training titled, "PREA: Investigating Sexual Abuse in a Confinement Setting" presented by the National Institute of Corrections; (3) completed a 20-hour PREA Investigator training provided by The Moss Group and hosted by the North Dakota Department of Corrections and Rehabilitation; and (4) completed a 2-day training titled, "Investigating Sexual Misconduct: Training for Correctional Investigators" facilitated by the North Dakota Department of Corrections and Rehabilitation. During the onsite portion of this audit, this auditor was able to corroborate completion of these trainings by reviewing this staff person's personnel records; all certificates of completion were present in their personnel file.</p> <p data-bbox="240 1697 1458 1758">Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.</p> <p data-bbox="240 1845 360 1872">115.234(b):</p> <p data-bbox="240 1904 1485 1998">During the pre-onsite portion of this audit, the Facility indicated compliance in this standard and provided this auditor with training certificates for all three agency staff completing the investigator training. The facility indicated the agency has a total of three agency investigators available to complete investigations at the Mandan facility.</p> <p data-bbox="240 2085 1469 2145">During the onsite portion of this audit, this auditor interviewed an agency investigator. This staff person reported that the 2-day training titled, "Investigating Sexual Misconduct: Training for Correctional Investigators" facilitated by the North Dakota</p>

Department of Corrections and Rehabilitation covered 1) techniques for interviewing sexual abuse victims; 2) proper use of Miranda and Garrity warnings; 3) Sexual abuse evidence collection in confinement settings; and 4) criteria and evidence required to substantiate a case for administrative action or prosecution referral. This auditor was able to corroborate completion of this training by reviewing the identified person's training records; all certificates of completion were present in their personnel files.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.234(c):

As noted in provisions (a) and (b), this auditor was able to review documentation showing that agency investigators had completed the required training.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.234(d): the Auditor is not required to audit this provision.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 903 297">115.235: Specialized training: Medical and mental health care.</p> <p data-bbox="242 331 1023 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 387 871 757" style="list-style-type: none"> <li data-bbox="242 387 871 414">1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="242 443 831 528" style="list-style-type: none"> <li data-bbox="242 443 831 470">a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses <li data-bbox="242 499 379 526">b. Staff List <li data-bbox="242 557 392 584">2. Interviews <ol data-bbox="242 613 475 640" style="list-style-type: none"> <li data-bbox="242 613 475 640">a. PREA Coordinator <li data-bbox="242 672 552 698">3. Site Review Observations: <ol data-bbox="242 728 804 754" style="list-style-type: none"> <li data-bbox="242 728 804 754">a. Observations during on-site review of physical plant <p data-bbox="242 844 483 871">Findings (By Provision):</p> <p data-bbox="242 902 395 929">115.235(a)-(c):</p> <p data-bbox="242 958 1458 1019">During the pre-onsite portion of this audit, the Facility indicated that Centre, Inc. does not employ medical or mental health staff.</p> <p data-bbox="242 1108 1469 1267">During the onsite portion of this audit, this auditor attempted to corroborate the Facility's PAQ response by reviewing a staff list of program personnel and by interviewing the PREA Coordinator who is also the Agency's Director of Operations. The PREA Coordinator confirmed that Centre, Inc. does not employ any medical or mental health staff and that residents obtain these services through community-based organizations. A review of the staff list provided revealed no medical or mental health staff listed.</p> <p data-bbox="242 1357 1410 1417">Based upon the review and analysis of all the available evidence, the auditor has determined that this provision is not applicable to this agency.</p> <p data-bbox="242 1507 363 1534">115.235(d):</p> <p data-bbox="242 1563 1458 1624">During the pre-onsite portion of this audit, the Facility indicated that Centre, Inc. does not employ medical or mental health staff nor does Centre have any practitioners contracted with and volunteering for the agency.</p> <p data-bbox="242 1713 1481 1872">During the onsite portion of this audit, this auditor attempted to corroborate the Facility's PAQ response by reviewing a list of contractors and volunteers and by interviewing the PREA Coordinator who is also the Agency's Director of Operations. The PREA Coordinator confirmed that Centre, Inc. does not have any medical or mental health practitioners under contract or volunteering at the facility. A review of the current list of contractors and volunteers revealed no medical or mental health practitioners listed.</p> <p data-bbox="242 1962 1410 2022">Based upon the review and analysis of all the available evidence, the auditor has determined that this provision is not applicable to this agency.</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>115.241: Screening for risk of victimization and abusiveness</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Sexual Abuse/Assault Prevention & Intervention Policy P-19 c. Referral, Admissions, Intake, & Orientation Processing P-11 d. Centre, Inc. Initial Assessment/Re-Assessment Prison Rape Elimination Act (PREA) (revised 10/11/2019) e. Resident confidential case files f. Resident Log and Classification Notification 2. Interviews <ol style="list-style-type: none"> a. Random Residents b. Staff responsible for risk screening c. Random Staff d. PREA Coordinator/Director of Operations 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings (By Provision):</p> <p>115.241(a) and (b):</p> <p>During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Section I(A) establishes, "Centre will act to prevent and/or reduce sexual assault of clients through . . . screening [and] assessment" (p. 1). Section II(B)(1) establishes, "[c]lients will be screened within 48 hours of arrival at all residential facilities for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior" (p. 6). The facility indicated that over the past 12 months 252 residents were admitted and given this information at intake. 100% of which were reported to have been screened within 72 hours of their entry into the facility.</p> <p>During the onsite portion of this audit, this auditor reviewed seven random resident confidential case files. All seven files indicated that the resident completed "Centre Inc. Initial Assessment/Re-Assessment PREA" on the date of admission to the facility. Every risk screening was evidenced to be conducted on the resident's admission date. A review of this form reveals that it requires staff to assess the screened resident using nine "vulnerability factors" and six "aggressive/predatory factors." This auditor interviewed 16 residents. All residents reported that staff conducted this questionnaire within hours of their arrival to the facility.</p> <p>This auditor also interviewed staff responsible for risk screening. This facility does not employ a staff person responsible for the intake of residents. Instead, all Residential Specialists – direct care staff – are responsible for conducting the risk screening. Additionally, within 48hrs, the resident meets with his assigned case manager who reviews the risk screening in preparation for a risk/needs assessment in order to inform an individualized treatment plan for that resident. As a result, this auditor asked questions that pertained to the risk screening of residents in every interview conducted with either a case</p>

manager or residential specialist. Five staff were interviewed reported that they were responsible, or had completed, a risk screening assessment. All staff corroborated this process: the very first thing done with that resident, it was consistently reported to this auditor, was to conduct his risk screening in order to appropriately assign that resident a bedroom/bunk.

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility exceeds this provision. These two provisions call for a risk screening to be conducted and be conducted within 72hrs of admission.

Agency procedure requires that the resident be screened within 48hrs. This facility has demonstrated that this risk screening and classification is conducted within hours of a resident's arrival.

115.241(c):

During the pre-onsite portion of this audit, the Facility indicated compliance in this standard and provided this auditor with a copy of their risk-screening form: "Centre Inc. Initial Assessment/Re-Assessment PREA." A review of this form indicates that it requires screening staff to assess the screened resident using nine "vulnerability factors" and six "aggressive/predatory factors" through a series of yes and no questions. Screening staff is then required to review the answers provided and "[i]f question 1 is scored yes the offender is a Known Victim," "[i]f three or more [vulnerability factors] questions are scored, the offender is a Potential Victim" and "[i]f two or less are scored the offender is Unrestricted" (same analysis for aggressor). As a result, the facility's screening instrument is objective as the results are measurable and the same results could be reproduced by other staff.

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is compliant with this provision.

115.241(d):

A review of the facility's risk screening tool, titled: "Centre Inc. Initial Assessment/Re-Assessment PREA," establishes that it assesses the following (exhaustive list):

Vulnerability Factors:

- 1) Does the resident have a history of being a victim of predatory or aggressive sexual actions in an institutional setting?
- 2) Does the resident have any history of being a victim of predatory or aggressive sexual actions including domestic violence?
- 3) Is the resident younger than 25 or older than 64?
- 4) Is the male resident small in stature (height of 5'6" or less or weigh 140 lbs or less)?
- 5) Is the female resident small in stature (height of 5' or less or weigh 100 lbs or less)?
- 6) Is the resident intellectually/cognitively challenged, mentally ill, have a physical or medical disability, or a mental health condition that may make them vulnerable in a correctional facility?
- 7) Is the resident Lesbian/Gay/Bisexual/Transgender/Intersex/Gender Non-Conforming?
- 8) Does the resident verbalize fear for personal safety or sexual victimization?
- 9) Is the resident's criminal history exclusively nonviolent?

Aggressive/Predatory Factors:

- 1) Does the resident have a history of institutional sexual predatory behavior (including jail and prison)?
- 2) Does the resident have a history of institutional sexual activity?
- 3) Does the resident have any history of non-contact predatory behavior?
- 4) Has the resident been professionally diagnosed with a paraphilia(s) in the past 15 years?

5) Has the resident been the defendant in a domestic abuse protective order?

6) Does the resident have any history of assaultive behavior (physical or sexual)?

During the onsite portion of the audit, this auditor interviewed multiple staff (as indicated in provisions (a) and (b)) that are responsible for risk screening. All staff indicated that they complete the intake form titled, "Centre Inc. Initial Assessment/Re-Assessment PREA."

Based upon the review and analysis of all the available evidence the auditor has determined that the agency is fully compliant with this provision as the intake screening tools considers the required risk factors established by this provision.

115.241(e):

A review of the facility's risk screening tool, titled: "Centre Inc. Initial Assessment/Re-Assessment PREA," as outlined in subsection (d) of this standard establishes that it considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive.

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is compliant with this provision.

115.241(f):

During the pre-onsite portion of this audit, the Facility provided P-11: Referral, Admissions, Intake, & Orientation Processing in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Section 5 establishes "[t]he Case Manager will complete the PREA Risk Re-Assessment within 25 days of arrival to facility" (p. 11). The facility indicated that over the past 12 months 179 residents were admitted to the facility whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival (the above-referenced figure reflects both the female and male units).

During the onsite portion of the audit, this auditor conducted seven random resident confidential file reviews, two of which were for residents currently in the facility longer than 30 days. Both files contained re-assessments within 30 days after a resident's arrival at the facility. This auditor interviewed 16 random residents, two residents reported to this auditor that they were not asked risk screening questions after their initial intake with their case manager/screening staff. In addition to the random confidential case file audits, this auditor reviewed those case file for those residents reporting to not have a subsequent risk assessment; both confidential case files contained a resident and staff signed re-assessment within the requisite 30 day timeframe. This auditor also interviewed two case managers – the staff designated as being responsible for conducting the re-assessment at the facility. Both case managers indicated that they conduct a re-assessment within 25 days of the resident's admission.

Based upon the review and analysis of all the available evidence taken as a whole, the auditor has determined that the agency is fully compliant with this provision.

115.241(g):

During the pre-onsite portion of this audit, the Facility provided P-11: Referral, Admissions, Intake, & Orientation Processing in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Section 5(ii) establishes, "[i]f there is any new information discovered the Case Manager will follow the First Responder Protocol and clearly document any new information, new clinical data, or new self-disclosure and complete any necessary follow-up needed per policy" (p. 11). Policy P-19 further establishes that "[a] resident's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness" (p. 16 unenumerated section).

During the onsite portion of the audit, this auditor interviewed two case managers – the staff designated as being responsible for conducting the re-assessment at the facility. Both case managers indicated that they would conduct a re-assessment in the event that there was a new report or incident of sexual abuse, information unknown at the time of intake from the referral source, a request, or if they were in receipt of any additional information that bears on a resident's risk of sexual victimization or abusiveness.

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is compliant with this provision.

115.241(h):

During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Attachment A establishes, "Residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked [during their risk screening]" (p. 16).

During the onsite portion of the audit, this auditor interviewed two case managers – the staff designated as being responsible for conducting the re-assessment at the facility. Both case managers indicated that under no circumstances would a resident be disciplined for not answering any questions during the PREA screening. The staff reported that they would ask all questions and if the resident chose not to answer any or all questions, the staff would try to obtain the information through the resident's intake paperwork or from the referral source.

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is compliant with this provision.

115.241(i):

During the onsite portion of the audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that the Agency has implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. The PREA Coordinator reported that the agency's "Referral, Admissions, Intake and Orientation" Policy and Procedure outlines the Case Manager's and Clinical Program Manager's responsibility specific to this standard and the "Confidentiality" policy covers the "Need to know within the agency" rule specific to accessing client records. The PREA Coordinator confirmed that staff who do not have job responsibilities specific to risk screening assessments do not have access to these screening tools through SecurManage.

This auditor also conducted interviews of five staff that were either case managers or residential specialists (those tasked with conducting the risk screening). During these interviews it was revealed that Agency executives establish staff access to particular modules within SecurManage.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 654 297">115.242: Use of screening information</p> <p data-bbox="240 331 1026 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 387 995 714" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Sexual Abuse/Assault Prevention & Intervention Policy P-19 2. Interviews <ol style="list-style-type: none"> a. Random Residents b. PREA Coordinator c. Staff responsible for risk screening d. Residents that identify as lesbian, gay, bisexual, transgender, or intersex 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p data-bbox="240 779 483 806">Findings (By Provision):</p> <p data-bbox="240 893 362 920">115.242(a):</p> <p data-bbox="240 952 1490 1144">During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Attachment A establishes, “[t]he agency shall use information from the risk screening . . . to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. Additionally, the facility provided this auditor with an email/Resident Log of a resident’s classification as a “Potential Victim” and its use of that assessment to inform this resident’s housing and bed assignment.</p> <p data-bbox="240 1234 1490 1561">During the onsite portion of this audit, this auditor interviewed the PREA Coordinator and staff responsible for risk screening. The PREA Coordinator reported that the facility utilizes a screening assessment to determine whether or not each incoming resident is a Known Aggressor, Potential Aggressor, Known Victim, Potential Victim or Unrestricted. The facility does not house Known or Potential Aggressors with Known or Potential Victims. This is communicated to all direct care staff by placing a code (KA, PA, KV, PV) on the resident’s electronic case file banner. Throughout the onsite portion of this audit, this auditor was able to verify the practice of utilizing the resident classification banner on SecurManage. Staff responsible for risk screening reported that the risk assessment is utilized to inform the staff what room and bed assignment the resident can reside in. The staff reported that they would never place a known or potential victim with a known or potential abuser. All randomly selected staff revealed that the residents are placed in a room/bed assignment consistent with their risk-level. Staff reported that the risk screening is utilized to inform in-program work, education, and program assignments.</p> <p data-bbox="240 1650 1398 1709">Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.</p> <p data-bbox="240 1798 362 1825">115.242(b):</p> <p data-bbox="240 1856 1490 1951">During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Attachment A establishes, “[t]he agency shall make individualized determinations about how to ensure the safety of each resident” (p. 17).</p> <p data-bbox="240 2040 1490 2161">During the onsite portion of this audit, this auditor interviewed staff responsible for risk screening. Staff responsible for risk screening reported that upon intake the screening staff makes an individualized determination based on the resident’s risk level about how to ensure the safety of each resident. Staff reported that the facility houses residents in a way that ensures their safety and if at anytime the resident reports any fear, their housing placement is reassessed.</p>

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is compliant with this provision.

115.242(c):

During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Attachment A establishes, “[i]n deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether the placement would present management or security problems” (p. 17).

During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that prior to entry, the Program Director or designee would consult with the referring institution or agency. Care and consideration would be given to the client’s needs and when possible and where safety issues do not exist, they are housed where they feel comfortable with the referral agency’s consent. Additionally, the PREA Coordinator reported that the agency considers whether the placement will ensure the resident’s health and safety and whether the placement would present management or security problems.

At the time of the onsite portion of this audit, the facility reported that there were no residents that identified as either transgender or intersex in the facility. This auditor attempted to corroborate that through resident confidential file reviews and through random staff interviews. No residents were identified that met this criterion.

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is compliant with this provision.

115.242(d):

During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that transgender and intersex resident’s own views with respect to his or her own safety are given serious consideration in placement and programming assignments. Additionally, this auditor interviewed staff responsible for risk screening. This staff person reported that a resident’s own views with respect to his or her own safety would be given serious consideration. This staff person could only recall one transgender resident residing at this facility while this person had been an employee. This person reported that this resident’s own views with respect to her safety were given serious consideration and she was housed in a bed assignment which she approved.

As noted in provision (c), no transgender or intersex residents were interviewed.

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is compliant with this provision.

115.242(e):

During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that transgender and intersex residents would be able given the opportunity to shower separately from other residents that that they would be afforded the opportunity to utilize the single shower bathroom. Additionally, this auditor interviewed staff responsible for risk screening. This staff person reported that a transgender or intersex residents would be housed in the North Unit so that they could be housed in a bedroom that has a single shower bathroom.

As noted in provision (c), no transgender or intersex residents were interviewed.

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is compliant with this provision.

115.242(f):

During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that LGBTI residents are not placed in dedicated facilities, units, or wings solely on the basis of such identification or status. The PREA Coordinator further reported that Managers responsible for housing assignments understand the significance of not discriminating against residents based on their sexual preference.

At the time of the onsite portion of this audit, the facility reported that there were no residents that identified as being gay, lesbian, bisexual, transgender, or intersex. This auditor attempted to corroborate that through resident confidential file reviews and through random resident and staff interviews. No residents were identified that met this criterion.

All random residents reported that they felt safe in this program and that it was clear that staff took "this stuff" serious.

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility is compliant with this provision.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 547 297">115.251: Resident reporting.</p> <p data-bbox="240 331 1026 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 387 1345 987" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Sexual Abuse/Assault Prevention & Intervention Policy P-19 c. PREA Notice d. Centre, Inc. & Mandan Police Department MOU 2. Interviews <ol style="list-style-type: none"> a. Random Residents b. Random Staff c. PREA Coordinator 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant; review of information displayed throughout the facility <p data-bbox="240 1077 483 1104">Findings (By Provision):</p> <p data-bbox="240 1133 363 1160">115.251(a):</p> <p data-bbox="240 1189 1485 1485">During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Section II(C)(1) allows for “[c]lients, uninvolved inmates, or staff . . . [may report incidents] verbally or in writing to a staff member” (p. 7). Attachment A establishes that the agency provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents” (p. 17). The facility also provided this auditor with a PREA Notice (evidenced to be displayed throughout the facility during the site review) that indicates, any can “report [sexual abuse, sexual harassment, or staff sexual misconduct] in one of the following ways: verbally, in writing, anonymously, [and] by a third party.”</p> <p data-bbox="240 1574 1493 1798">During the onsite portion of this audit, this auditor interviewed 12 staff and 16 residents. All staff initially indicated that residents can report these incidents to any staff member or their case manager. When this auditor pushed for elaboration, staff reported that residents can report in writing, verbally in person, or through a third party. When asked when staff were trained in this, staff consistently reported during orientation when they reviewed policies and their Employee Standards of Conduct. All resident answers varied but a review of all responses indicated that the resident was able to identify at least two ways to report; the most common answers were in-person, through a third party, hotline number, or local police (or contracting authority).</p> <p data-bbox="240 1888 1457 1977">Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision as the facility has demonstrated that residents are able to make such reports utilizing multiple internal ways.</p> <p data-bbox="240 2067 363 2094">115.251(b):</p> <p data-bbox="240 2123 1437 2150">During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in</p>

support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Section II(A)(1)(c) requires that during client orientation, residents are provided information on “[r]eporting sexual abuse and privacy rights including how to confidentially report sensitive issues to facility staff, the referral agent, local law enforcement; and/or the Office of Inspector General” (p. 6). The facility also provided this auditor with a PREA Notice (evidenced to be displayed throughout the facility during the site review) that establishes a resident can “Contact the PREA Compliance Manager at your respective facility [and provides their direct line], Contact Centre Inc.’s PREA Coordinator [and provides his Office line; testing the voicemail onsite revealed that the PREA Coordinator leaves his work cell number in his voicemail], Contact the PREA Director at the Dept. of Corrections Central Office [and leaves their physical address], Contact the Bureau of Prisons Residential Reentry Manager [and leaves a telephone number accessible during normal business hours], [and] Report it directly to local law enforcement by calling 9-1-1.”

During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that the facility displays publicly posted posters including local law enforcement telephone number and the North Dakota Dept. of Corrections PREA Coordinator office address for verbal and written reporting. The PREA Coordinator further reported that Residents may anonymously report through 3rd party individuals written, in-person or telephonically and or report via unsigned written correspondence. This auditor also interviewed 16 randomly selected residents. All 16 residents indicated that they could report sexual abuse or sexual harassment to someone who does not work at this facility. Additionally, all residents reported that staff would investigate/follow-up on a report given in writing with the resident's name on it.

The facility provided me with an MOU between Centre, Inc. and the Mandan Police Department. The MOU specifically states, the Mandan Police Department will “consider third-party and anonymous reporting” (p. 2). The auditor contacted the Mandan Police Department and asked the operator whether they would take an anonymous report by an individual calling from the facility. The operator stated that the Mandan PD would follow-up on any report of sexual abuse to the best of their capabilities based on the information the individual was willing to share with the police, and immediately notify the facility of the allegation.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision as the facility has not demonstrated the residents are able to report anonymously through an outside source that will immediately forward resident reports to the facility.

115.251(c):

During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Section II(D)(4)(a)(4) establishes that it is the [r]esponsibilit[y] of the person receiving the report . . . [to] document the incident as reported to you, in writing, for the investigator” (p. 9). The facility also provided this auditor with a PREA Notice (evidenced to be displayed throughout the facility during the site review) that indicates, any can “report [sexual abuse, sexual harassment, or staff sexual misconduct] in one of the following ways: verbally, in writing, anonymously, [and] by a third party.” The facility indicated in the PAQ that staff are required to immediately document verbal reports.

During the onsite portion of this audit, this auditor interviewed 12 randomly selected staff and 16 randomly selected residents. All staff indicated that they would accept a report that was made verbally, in writing, anonymously, and from third parties. Staff also indicated that they are required to immediately report this report by employing the chain of command and that they would be required to complete a serious incident report, documenting the report – including verbal reports. All 16 residents reported that they could make a report in writing, verbally, or by way of a third party without having to give your name.

The facility reported that the Agency had received and investigated a verbal report of staff sexual misconduct. This report came in by way of a verbal third-party report. This auditor was able to review an investigative file of this allegation that included the initial incident report and notifications by the receiving staff. This report evidenced that staff reduced the verbal report made by the third-party to writing and was signed and dated the same day the allegation was received.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant

with this provision.

115.251(d):

During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Attachment A establishes staff may “privately report sexual abuse and sexual harassment of residents by accepting verbal, written and anonymous reports” (p. 17). Section II(H)(1)–(3) establishes, “[a]ll new employees shall receive instruction on the specifics of the Sexual Abuse Assault Prevention and Intervention Policy and Procedure during their initial employee orientation training. This will include instruction related to the prevention, detection, response and investigation of sexual assaults and staff sexual misconduct . . . [and] [e]mployees will receive refresher training/review of the policy and procedure will be conducted on an annual basis thereafter” (p. 14).

During the onsite portion of this audit, this auditor interviewed the 12 randomly selected staff. All staff indicated that their supervisor, the Facility Director, and the PREA Coordinator all have an open-door policy and encourage staff to come to them with any issues (beyond not only instances involving PREA).

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 759 297">115.252: Exhaustion of administrative remedies.</p> <p data-bbox="240 331 1026 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 387 1043 875" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="240 445 1043 589" style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Grievances/Administrative Remedy (Program Participants) Policy P-7 c. Grievance/Administrative Remedy Procedure (Resident Handbook excerpt) 2. Interviews <ol data-bbox="240 674 732 757" style="list-style-type: none"> a. Random Residents b. Residents that Reported Prior Sexual Abuse 3. Site Review Observations: <ol data-bbox="240 844 804 871" style="list-style-type: none"> a. Observations during on-site review of physical plant <p data-bbox="240 960 483 987">Findings (By Provision):</p> <p data-bbox="240 1016 360 1043">115.252(a):</p> <p data-bbox="240 1077 1469 1270">During the pre-onsite portion of this audit, the Facility provided P-7: Grievances/Administrative Remedy (Program Participants) in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Section I establishes that “[t]he purpose of the Grievance/Administrative Remedy Program is to allow clients to seek formal review of an issue relating to any aspect of his/her program participation” (p. 1). This section continues by establishing that “Centre Inc. personnel adhere to PREA Standard 115.252 Exhaustion of administrative remedies. Director of Operations, Program Director and/or Program Manager are specifically responsible for ensuring compliance to this PREA Standard” (p. 1).</p> <p data-bbox="240 1357 1453 1417">Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision as it has administrative procedures to address resident grievances regarding sexual abuse.</p> <p data-bbox="240 1505 360 1532">115.252(b):</p> <p data-bbox="240 1565 1485 1859">During the pre-onsite portion of this audit, the Facility provided P-7: Grievances/Administrative Remedy (Program Participants) in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Section I(1) establishes that “[t]he agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse” (p. 1). Section I(3) establishes, “[t]he agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse” (p. 2). The facility provided this auditor with a Resident Handbook. Section 5 of the Resident Handbook establishes, “[t]here is no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. . . Residents are not required to attempt an informal resolution of any kind for alleged incidents of sexual abuse” (no page numbers). The Resident Handbook also provides a blank Resident Grievance.</p> <p data-bbox="240 1946 1461 2040">During the onsite portion of this audit, this auditor observed a staff person preparing a resident intake and having a copy of the Resident Handbook ready to give the incoming resident. This auditor also observed the Resident Handbook to be on beds and on resident desks in resident rooms during the site review.</p> <p data-bbox="240 2128 1453 2154">Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant</p>

with this provision.

115.252(c):

During the pre-onsite portion of this audit, the Facility provided P-7: Grievances/Administrative Remedy (Program Participants) in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Section I(c)(1)-(2) establishes, “[t]he agency shall ensure that (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint” (p. 2). The Resident Handbook contains the following excerpt, “Residents are allowed to submit grievances alleging sexual abuse to a staff member who is not the subject of the complaint or incident. Centre Inc. will ensure that grievances will not be referred to the staff member who is the subject of the complaint” (no page numbers).

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.252(d):

During the pre-onsite portion of this audit, the Facility provided P-7: Grievances/Administrative Remedy (Program Participants) in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Section I(d)(1)-(3) establishes, “[t]he agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial; (2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal; (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made” (p. 2). The Resident Handbook establishes, “Centre Inc. will issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. The 90-day time period will not include time spent by the resident’s administrative appeal preparation. Centre Inc. may claim an extension of time to respond up to 70 days if the normal time period for response is insufficient to make an appropriate decision. All extension will be communicated in writing to the resident and include a date by which a decision will be made.” The facility indicated that in the past 12 months, there was one grievance filed that alleged sexual abuse.

During the onsite portion of this audit, this auditor reviewed the Facility’s resident grievances. The facility provided this auditor with a total of 19 grievances that had been filed during the past 12-month period; one of which involved a report of sexual abuse or sexual harassment. This report was forwarded for investigation. This grievance reached final decision well within the 90 days timeframe.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.252(e):

During the pre-onsite portion of this audit, the Facility provided P-7: Grievances/Administrative Remedy (Program Participants) in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Section I(e)(1) establishes, “[t]hird parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents” (p. 2). Section I(e)(3) establishes that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, “the agency shall document the resident’s decision” (p. 2). The facility indicated that in the past 12 months, there was one grievance filed that alleged sexual abuse.

This auditor did not discover any relevant grievances to review for this provision as it was not a third-party grievance.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.252(f):

During the pre-onsite portion of this audit, the Facility provided P-7: Grievances/Administrative Remedy (Program Participants) in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Section I(f)(1)-(2) establishes, “[t]he agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency’s determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance” (p. 2-3). The facility indicated that in the past 12 months, there was one grievance filed that alleged sexual abuse.

This auditor did not discover any relevant grievances to review for this provision as it was not an emergency grievance.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.252(g):

During the pre-onsite portion of this audit, the Facility provided P-7: Grievances/Administrative Remedy (Program Participants) in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Section I(g) establishes, “[t]he agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith” (p. 3). The facility indicated that in the past 12 months, there were no grievances filed that alleged sexual abuse that resulted in disciplinary action.

This auditor did not discover any relevant grievances to review.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.253: Resident access to outside confidential support services</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Sexual Abuse/Assault Prevention & Intervention Policy P-19 c. An Overview for Clients on Sexual Abuse/Assault Prevention and Intervention (resident informational/Resident Handbook excerpt) d. Victim Advocate Contact Information Informational Posters (in English and Spanish) e. Draft MOU with Abuse Adult Resource Center f. Collaboration Letter Supporting Grant to support PREA compliance (dated 5/1/2021) g. Photographs of Resident Informational Boards 2. Interviews <ol style="list-style-type: none"> a. Random Residents b. Residents that Reported Prior Sexual Abuse 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant; review of information displayed near resident phones <p>Findings (By Provision):</p> <p>115.253(a):</p> <p>Centre has Policy P-19: Sexual Abuse/Assault Prevention & Intervention. Section II(E) of P-19 establishes that "Centre Inc. personnel adhere to PREA Standard 115.253 Resident access to outside confidential support services. Program Director and/or Program Manager are specifically responsible for ensuring compliance to this PREA Standard" (p. 13). Additionally, the facility has a resident information titled, "An Overview for Clients on Sexual Abuse/Assault Prevention and Intervention."</p> <p>This informational includes "Centre Inc. provides residents with access to outside victim advocates for emotional support services related to sexual abuse . . . Centre Inc. allows for reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible by providing all residents access to telephones" (p. 2).</p> <p>This informational further provides residents with a list of fourteen local, regional, and national treatment options that include the names, addresses, and telephone numbers of these organizations (p. 4–5).</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance in this standard and provided Policy P-19 and "An Overview for Clients on Sexual Abuse/Assault Prevention and Intervention" in support of its compliance.</p> <p>During the onsite portion of this audit, this auditor interviewed 16 residents (there were no residents designated by facility staff as having reported prior sexual abuse). Out of these resident interviews, six residents were able to inform this auditor about outside victim advocates for emotional support services related to sexual abuse; and only one resident referenced that this information is available in the Resident Handbook. A small number of residents indicating that they knew of a number of local entities as a result of prior participation in their services while in a higher custody level but did not know how one would go about accessing them while at the present facility. The vast majority of residents interviewed were unable to provide any answer to questions around access to victim services that is provided by the program.</p> <p>During resident interviews all residents reported that the telephones are always free and none of the phones are recorded (corroborated by facility staff). Additionally, while walking through the facility at various times, this auditor would test the phones to determine whether they had a dial tone. At every test, every phone was operational. Further, the number in the Handbook for the Abused Adult Resource Center connected to that agency. While making observations during the site review, a review of PREA Notices revealed that a notification titled, "Victim Advocate Contact Information" is centrally located at the entrance and in common areas of the facility.</p>

Based upon the review and analysis of all the available evidence, and following a period of corrective action, the auditor has determined that the agency is fully compliant with this provision. Please see the below "Final Audit Report Reassessment" for review.

115.253(b):

Attachment A of Policy P-19: Sexual Abuse/Assault Prevention & Intervention includes a recitation of this standard. "The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which report of abuse will be forwarded to authorities in accordance with mandatory reporting laws" (p. 17–18).

The facility also has a resident informational titled, "An Overview for Clients on Sexual Abuse/Assault Prevention and Intervention." This informational includes, "[i]nformation concerning the identity of a client/resident victim reporting a sexual assault, and the facts of the report itself, shall be limited to those who have a need to know in order to make decisions concerning the victim's welfare and for law enforcement/investigative purposes" (p. 1). It further states, "Centre Inc. provides residents with access to outside victim advocates for emotional support services related to sexual abuse . . . Centre Inc. allows for reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible" (p. 2).

During the pre-onsite portion of this audit, the Facility indicated compliance in this standard and provided Policy P-19 and "An Overview for Clients on Sexual Abuse/Assault Prevention and Intervention" in support of its compliance.

During the onsite portion of this audit, no resident was able to inform this auditor what information would remain confidential or, in the alternative, what information will be communicated back to the facility and/or other governmental entities. As noted in subsection (a) of this standard, the vast majority of residents interviewed were unable to provide any information to this auditor around access to victim services that is provided by the program.

Based upon the review and analysis of all the available evidence, and following a period of corrective action, the auditor has determined that the agency is fully compliant with this provision. Please see the below "Final Audit Report Reassessment" for review.

115.253(c):

During the pre-onsite portion of this audit, the Facility indicated that the facility does not maintain a memorandum of understanding (MOU) with community service providers that are able to provide residents with emotional support services related to sexual abuse. The Facility provided a letter from the Abused Adult Resource Center - a Bismarck-based victim service agency – establishing that as of July 2014, Centre Inc. has sought their assistance but that agency could not provide the services requested unless an additional staff is contracted for. The facility also provided this Auditor with a letter in support of a grant to establish the aforementioned position, dated May 1, 2021, in order "to help support PREA compliance in this region and in North Dakota." The grant would provide funds to "[h]ire and train one Part-time (PT) advocate to handle PREA services for victims who are incarcerated" among other related services.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision. Although the does not exist a current MOU, the Agency has attempted to enter into MOUs or other agreements with community service provides that are able to provide services responsive to this standard.

Interim Report Corrective Action:

1. Ensure staff/the facility are providing residents with information about access to outside victim advocates for emotional support services related to sexual abuse in a manner that allows for residents to retain this information or be able to know where to look in the event they wanted to access this information.

Final Audit Report Reassessment:

During the post-onsite audit portion of this audit, the auditor identified that the agency was not fully compliant with provisions (a) and (b) of this standard. The Agency provided the auditor with a document titled, PREA Audit Corrective Action on September 20, 2021, addressing corrective action steps taken by the Facility/Agency. The Agency further provided this auditor with supporting documentation evidencing the implementation of this corrective action on October 21, 2021. The Agency and auditor developed the following corrective action plan with respect to these provisions:

The current Average Length of Stay for residents at the Facility is 85 days. Centre Inc. will facilitate Resident House Meetings every 60 days. Every Resident House Meeting Agenda will include the topic titled, "Accessing outside victim advocacy for emotional support services related to sexual abuse." This agenda item will focus on information specific to where residents can look for information available to them and how they can access outside support agencies. Personnel who are familiar with this information will facilitate each Resident House Meeting. The first Resident House Meeting that will have this included as an agenda item will take place on 9-21-21. During the intake process, all incoming newly admitted residents sign and date acknowledgment of the document titled, "An Overview for Clients on Sexual Abuse/Assault Prevention and Intervention." Page #2 of this document states:

"Center Inc. provides residents with access to outside victim advocates for emotional support services related to sexual

abuse. See L. "Available Treatment Options" for addresses and telephone #'s. Centre Inc. allows for reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible by providing all residents access to telephones."

On October 21, 2021, the Agency provided this auditor documentation evidencing completion of the above-referenced corrective action plan.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency has been able to remedy any previously reported deficiency and is fully compliant with this standard.

115.254	Third party reporting
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 568 300">115.254: Third party reporting.</p> <p data-bbox="242 329 1023 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 387 1345 757" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. PREA Notice c. Documentation of a Third-Party Report d. Agency Website 2. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant; review of information displayed throughout the facility <p data-bbox="242 844 483 873">Findings (By Provision):</p> <p data-bbox="242 902 362 931">115.254(a):</p> <p data-bbox="242 960 1469 1220">During the pre-onsite portion of this audit, the Facility provided this auditor with a PREA Notice (evidenced to be displayed throughout the facility during the site review). This Notice establishes, “[i]f you are a victim of sexual abuse, assault, sexual misconduct, sexual harassment or staff sexual misconduct while in Centre Inc.’s Residential Program or have experienced any previously unreported abuse or harassment prior, or if you know of an incident of sexual assault of a person in the custody of any law enforcement agency, correctional facility, or in this program please report it immediately!” The Notice further establishes that “[y]ou can report it in one of the following way . . . By a Third Party.” The facility indicated that the method to receive third-party reports is by writing or verbally to Centre Inc.’s PREA Coordinator or the PREA Compliance Manager at the respective facility.</p> <p data-bbox="242 1308 1481 1435">The facility indicated that it distributes this information by displaying the above-mentioned Notice throughout the facility. The facility also indicated that staff review this Notice with residents upon intake. This was corroborated through confidential case file reviews. Additionally, the agency lists direct contact information to the PREA Coordinator in the event that anyone has “questions regarding anything related to PREA” on its website, available at: www.centreinc.org/prea.</p> <p data-bbox="242 1523 1422 1583">During the onsite portion of the audit, the facility provided this auditor with an investigative file of a PREA allegation. A review of this file revealed that the initial allegation was received by way of a third-party verbal report.</p> <p data-bbox="242 1671 1458 1731">Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision as the agency provides a method to receive third-party reports and that method is publicly distributed.</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.261: Staff and agency reporting duties. The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Sexual Abuse/Assault Prevention & Intervention Policy P-19 c. Reports of Sexual Abuse and Sexual Harassment d. Mandatory Reporting: Abuse and Neglect of a Vulnerable Adult Informational, developed by North Dakota Human Services 2. Interviews <ol style="list-style-type: none"> a. Director or Designee b. PREA Coordinator c. Random Staff 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings (By Provision):</p> <p>115.261(a): During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. P-19 establishes, “[u]pon receiving an allegation that a resident was sexually abused while confined at another facility, the Director of Operations will be immediately notified. The Director of Operations will notify the facility or appropriate office of the agency where the alleged abuse occurred as soon as possible but no later than 72 hours after receiving the allegation. The Director of Operations or designee will document this notification” (p. 7). P-19 further provides that staff are required to “report . . . any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation” (p. 18). The policy mandates that staff “shall act promptly to remedy . . . retaliation which includes notification to the facility’s PREA Compliance Officer (or “Chain of Command” if the PREA Compliance Officer is involved)” (p. 13). The policy stresses the importance “that this information is passed along to the Director of Operations, Program Director and or Program Manager, on-call person, or designee immediately, in order to begin the investigation, and to preserve the crime scene and any potential evidence” (p. 8).</p> <p>During the onsite portion of this audit, this auditor interviewed 12 staff. All staff interviewed reported that Centre Inc. requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff cohesively reported that the procedure for reporting any information related to a resident sexual abuse incident would be to notify your immediate supervisor and the on-call and to follow-up the verbal report with a Serious Incident Report.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.</p> <p>115.261(b): During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. P-19 establishes that “[s]taff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary as specified within this policy to make treatment, investigation and other security and management decisions” (p. 8).</p> <p>During the onsite portion of this audit, this auditor interviewed 12 staff. All staff interviewed that the procedure for reporting any information related to a resident sexual abuse incident would be to notify your immediate supervisor and the on-call and to follow-up the verbal report with a Serious Incident Report. Staff indicated that the priority was to make sure the resident was safe. All staff expressed that they would notify their direct supervisor (or above that person in the event the allegation was against him/her) and would follow appropriate procedures to safeguard against disclosure of any information obtained outside of individuals necessary to make treatment, investigation, and other security and management decisions.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.</p> <p>115.261(c):</p>

During the pre-onsite portion of this audit, the Facility indicated that they do not have any medical or mental health practitioners on staff and that residents in need of medical and mental health services are referred to outside community-based agencies. This was verified by this auditor by review of staff rosters and human resource files.

115.261(d):

During the pre-onsite portion of this audit, the Facility indicated that they do not service anyone under the age of 18. This was verified by the auditor by reviewing the resident roster as of the first day of the audit and by interviews with the Executive Director and PREA Coordinator who also serves in the capacity as the Director of Operations. This auditor identified 2017 Senate Bill (SB) 2322 as North Dakota's mandatory reporting statute. North Dakota has a comprehensive mandatory reporting statute, Mandatory Reporting: Abuse and Neglect of a Vulnerable Adult. A review of this statute indicates that all correctional staff are included as mandatory reporters and that the statute covers any intentional or negligent act that causes harm or serious risk to any person older than age 18, or emancipated by marriage that has a substantial mental or functional impairment (2017 N.D. Senate Bill 2322).

During the onsite portion of this audit, this auditor interviewed the Facility Director, PREA Coordinator, and 12 Random Staff to review compliance in this provision. The Facility Director reported that Centre would notify the local law enforcement to investigate these matters. Centre Inc. does not house minors. The PREA Coordinator reported that all staff that work in the facility are mandatory reporters in North Dakota and that Centre Inc. would contact law enforcement and follow-up by reporting the incident to Vulnerable Adult Protective Services. Out of the 12 random staff, all staff were able to identify that North Dakota had a specific mandatory reporting statute and what their obligation(s) were under the statute. They were further able to direct this auditor to the notices posted along with the PREA notices throughout the building. The facility did not provide any documentation of reports of this kind. Over the prior 12-month period, the facility reported that they had not received any allegations of sexual abuse.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

115.261(e):

During the pre-onsite portion of this audit, the Facility indicated that over the past 12 months, there had been four allegations of sexual abuse or sexual harassment. The Facility provided the auditor with the investigative files for these incidents. A review of these investigative files revealed that the facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the facility's designated investigators. Two of the files reviewed involved third-party reports.

During the onsite portion of this audit, this auditor interviewed the designated Facility Director. The Facility Director indicated that upon receiving any allegation, including from third-party and anonymous sources, staff are required to document the report immediately and follow the chain-of-command that includes contacting the Director of Operations who is the Agency's investigator.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.262	<p>Agency protection duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.262: Agency protection duties.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Sexual Abuse/Assault Prevention & Intervention Policy P-19 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. Director or Designee c. Random Staff 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings (By Provision):</p> <p>115.262(a):</p> <p>During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. P-19 establishes that following a report that a resident has been or is at imminent risk of sexual assault, “[i]f the aggressor is known, the aggressor must be, if possible, removed from the facility and/or detained at a locked facility, pending the result of the investigation” (p. 10). Further, procedure requires that [t]he aggressor and alleged victim must be kept separate from each other. Make arrangements for physical separation of the victim and alleged aggressor in accordance with the allegations, our agreement with the referral agencies, and in accordance with law enforcement detainment policies/procedures” (p. 10). In the past 12 months, the Facility indicated that there have no occurrences where the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse.</p> <p>During the onsite portion of this audit, this auditor interviewed the Executive Director, Facility Director, and 12 randomly selected staff. The Facility Director reported the Facility makes sure that victims and potential victims are not housed with aggressors. If there is a victim and aggressor together in the facility, staff would make sure they are separated and observed by staff, referral source is notified and removal of the abuser. Staff unanimously reported that they would relocate the alleged victim and call that person’s case manager down to assist. Staff reported their primary responsibility is to make sure the resident felt safe. They reported that staff would be required to immediately notify the Director of Operations in order to take any steps necessary to remove the alleged aggressor. The Executive Director reported that the agency would take any steps necessary to make sure the resident was safe. After the resident was placed in a safe setting, the agency would immediately begin to investigate the claim. During the investigation, the alleged aggressor and alleged victim would be separated by Unit.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision. Although no incidents were available to review, all staff interviewed knew to take whatever steps necessary to immediately act in the event that the facility learns that a resident is subject to a substantial risk of imminent sexual abuse.</p>
---------	---

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.263: Reporting to other confinement facilities. The following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, records, etc.) a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Sexual Abuse/Assault Prevention & Intervention Policy P-19 c. Documentation of allegations that a resident was abused while confined at another facility. 2. Interviews a. Agency Head b. Director or Designee 3. Site Review Observations: a. Observations during on-site review of physical plant</p> <p>Findings (By Provision): 115.263(a)-(b): During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. P-19 establishes “[u]pon receiving an allegation that a resident was sexually abused while confined at another facility, the Director of Operations will be immediately notified. The Director of Operations will notify the facility or appropriate office of the agency where the alleged abuse occurred as soon as possible but no later than 72 hours after receiving the allegation” (p. 7). The facility reported that during the past 12 months, there was one allegation the facility received that a resident was abused while confined at another facility. A review of the correspondence to the resident’s referral source as the resident failed did not disclose what institution they had been abused in. The correspondence provided by the Facility to support compliance is email correspondence that including an encrypted narrative detailing the resident’s allegation. This correspondence was sent within two hours and 33 minutes from the time the allegation was received by Facility staff.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with these provisions.</p> <p>115.263(c): During the pre-audit portion of this audit, the facility reported that during the past 12 months, there was one allegation the facility received that a resident was abused while confined at another facility. The facility provided email correspondence as indicated in provision (a)-(b).</p> <p>During the onsite portion of this audit, this auditor reviewed this disclosure with the staff making the report evidencing that the agency documented such notification.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision. The Facility demonstrated that they documented that it has provided notification within 72 hours of receiving the allegation.</p> <p>115.263(d): During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. P-19 establishes, “[i]n cases where the allegation includes Centre Inc., the allegation will be investigated in accordance with this policy” (p. 7). The Facility indicated that over the past 12 months, they had not received any allegations of sexual abuse from other facilities.</p> <p>During the onsite portion of this audit, this auditor interviewed the Executive Director of Centre, Inc. and the designated Facility Director. The Executive Director reported that the designated point of contact at Centre, Inc. is the Facility Director who would be responsible for immediately notifying the PREA Coordinator. Upon receiving an allegation, the Executive Director reported that Centre would notify the Facility Director of the facility where the alleged abuse took place and the appropriate law enforcement investigative agency, if applicable. The Executive Director reported that he was not aware of any such allegations. The Facility Director reported that the agency would be responsible for immediately investigating the allegation in accordance with policy. The Facility Director reported that there are no examples of another facility or agency reporting allegations occurring while a resident was residing at a Centre facility.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.</p>

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.264: Staff first responder duties.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Sexual Abuse/Assault Prevention & Intervention Policy P-19 2. Interviews <ol style="list-style-type: none"> a. Security Staff and Non-security Staff First Responders b. Residents who Reported a Sexual Abuse c. Random Staff 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings (By Provision):</p> <p>115.264(a):</p> <p>During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. P-19 establishes first responder policy and procedures for allegations of sexual abuse, titled: "Investigations of recent non-consensual sexual acts (occurring within 72 hours)/First Responder duties" (p. 9). P-19 establishes: "[i]f the alleged aggressor is known, the aggressor must be, if possible, removed from the facility and/or detained at a locked facility" (p. 10). P-19 further establishes that "[i]f it is determined that evidence may still exist, or that a crime has been committed, secure the potential crime scene. Any potential evidence should remain in place for law enforcement examination and investigation" (p. 9). P-19 requires, "[i]f the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating" (p. 9). And lastly, P-19 establishes that "[i]f the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The Facility reported that during the past 12 months there were no instances where staff were notified within a time period that still allowed for the collection of physical evidence. A review of the Facility's sexual abuse allegations over the past 12-month period, revealed that there were four allegations made and that those allegations were all received after the incident had occurred and away from the possible location of where it had occurred.</p> <p>During the onsite portion of this audit, this auditor interviewed security and non-security staff. There were no residents that the Facility classified as having reported sexual abuse. The auditor attempted to corroborate this report by reviewing confidential resident case files and during resident and staff interviews. No residents who reported a sexual abuse were discovered. In this facility, all direct care staff disclosed they were first responders. The direct care workers at this Facility are titled Residential Specialists. As a result, the Residential Specialists interviewed were asked the first responder protocol. All staff interviewed reported that as a first responder it was their responsibility to separate the alleged victim and abuser, secure the scene and call local law enforcement so they can collect any evidence that may be discoverable, not allow either the alleged abuser or alleged victim take any actions that could destroy physical evidence, and immediately calling local law enforcement and an ambulance, and offering mental health services. It should be noted that this auditor asked these questions in an open-ended fashion and staff informed this auditor of the procedures.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.</p> <p>115.264(b):</p> <p>During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. P-19 establishes "[i]f the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff . . . [and] remain with the client to provide support and to ensure that the victim does not wash, shower, or change clothes prior to the examination; inform the on-duty supervisor and on-call person of the alleged assault" (p. 9). The Facility reported that during the past 12 months there were no instances where the first staff responder was not a security staff member. A review of the Facility's sexual abuse allegations over the past 12-month period, revealed that there were four allegations made and that those allegations were all received after the incident had occurred and away from the possible location of where it had occurred.</p> <p>During the onsite portion of this audit, this auditor interviewed non-security staff first responders and 12 staff utilizing the random staff protocol. All staff interviewed reported that their responsibility was to remain with the alleged victim and make</p>

sure that the alleged victim does not take any actions that could destroy physical evidence. Staff reported they are also required to notify the on-duty supervisor of the allegation.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.265	<p>Coordinated response</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.265: Coordinated response. The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Program Informational: "Centre Inc. Coordinated Response to PREA Incidents" c. Sexual Abuse/Assault Prevention & Intervention Policy P-19 2. Interviews <ol style="list-style-type: none"> a. Facility Director of Designee 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings (By Provision):</p> <p>115.265(a): During the pre-onsite portion of this audit, the Facility provided a flow chart detailing "Centre Inc. Coordinated Response to PREA Incidents." This flow chart establishes program expectations starting with the first responder and continues by establishing expectations of the Residential Specialist/On-call, medical and behavioral health staff brought in, investigative staff, and the roles of the PREA Compliance Manager and PREA Coordinator. This response plan is used in conjunction with Policy P-19: Sexual Abuse/Assault Prevention & Intervention, which establishes staff expectations in greater detail (as referenced in section 115.263).</p> <p>During the onsite portion of this audit, this auditor observed the "Coordinated Response to PREA Incidents" displayed in the control room in both the North and South Units. Additionally, this auditor observed policy and procedure manuals at each station within the control booth for reference by staff. This auditor interviewed the Facility Director. The Facility Director indicated that the facility has a coordinate response and referenced the aforementioned plan. This person then described the coordinated response plan; The first person notified of the incident would make sure that the accused abuser and potential victim are separated, the area of the incident is closed/blocked off so others do not enter and the potential victim does not destroy any evidence by showering, eating, drinking, smoking, brushing teeth, or urinating. The PREA Compliance Officer, PREA Coordinator and PREA Investigator would be notified and the investigation would begin.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.</p>
---------	---

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 273 1085 300">115.266: Preservation of ability to protect residents from contact with abusers.</p> <p data-bbox="242 309 1027 336">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 344 855 533" style="list-style-type: none"> <li data-bbox="242 344 855 371">1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="242 376 813 403" style="list-style-type: none"> <li data-bbox="242 376 813 403">a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses <li data-bbox="242 407 373 434">2. Interviews <ol data-bbox="242 439 405 465" style="list-style-type: none"> <li data-bbox="242 439 405 465">a. Agency Head <li data-bbox="242 470 536 497">3. Site Review Observations: <ol data-bbox="242 501 788 528" style="list-style-type: none"> <li data-bbox="242 501 788 528">a. Observations during on-site review of physical plant <p data-bbox="242 568 485 595">Findings (By Provision):</p> <p data-bbox="242 600 363 627">115.266(a):</p> <p data-bbox="242 631 1474 725">During the pre-onsite portion of this audit, the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.</p> <p data-bbox="242 757 1474 815">During the onsite portion of this audit, this auditor interviewed the Executive Director of Centre, Inc. The Executive Director reported that no collective bargaining agreements have been entered into or renewed.</p> <p data-bbox="242 846 1458 904">Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.</p> <p data-bbox="242 936 855 963">115.266(b): The auditor is not required to audit this provision.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 743 297">115.267: Agency protection against retaliation.</p> <p data-bbox="240 304 1026 331">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 338 868 768" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Sexual Abuse/Assault Prevention & Intervention Policy P-19 c. Whistleblower Protection Policy PE-44 d. Retaliation Monitoring Data Sheet e. Documentation of any protective measures taken 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. Facility Director of Designee c. Designated Staff Member Charged with Monitoring Retaliation d. Residents who Reported a Sexual Abuse 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p data-bbox="240 797 483 824">Findings (By Provision):</p> <p data-bbox="240 831 360 857">115.267(a):</p> <p data-bbox="240 864 1493 1227">During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Section I(D)(8)(f) establishes, “[e]mployees are prohibited from any form of retaliation against a client who makes an allegation of staff sexual misconduct or staff sexual harassment” (p. 12). Section I(F) further establishes, “[r]etaliation of any kind against any person (residents, staff, volunteers, visitors etc.) will not be tolerated. Residential programs will have a designated staff person on every shift (24 hours per day, 365 days per year) who is assigned the duty of monitoring for retaliation. When staffing patterns allow for one staff person on shift, this person, regardless of title, will be assigned this duty. When staffing patterns allow for more than one person on shift, the Residential Specialist II will have this responsibility” (p. 13). The Facility also provided policy PE-44: Whistleblower Protection. Section II(6) establishes, “[a]nyone who retaliates against the Whistleblower (who reported an event in good faith) will be subject to discipline, including termination of Board or employee status” (p. 2). The Facility reported that Residential Specialists and Program Managers supervise retaliation within the facility.</p> <p data-bbox="240 1256 1493 1386">A review of this policy reveals that the Agency has 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. Further the Agency has designated Residential Specialists, Case Managers, and PREA Compliance Officer as the staff members charged with monitoring retaliation.</p> <p data-bbox="240 1415 1453 1476">Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.</p> <p data-bbox="240 1505 360 1532">115.267(b):</p> <p data-bbox="240 1538 1477 1599">During the onsite portion of this audit, this auditor interviewed the Agency Head, Facility Director, the staff member charged with monitoring retaliation, and residents who reported a sexual abuse to make a compliance determination of this provision.</p> <p data-bbox="240 1628 1469 1724">The Executive Director of Centre, Inc. reported that depending on the circumstances surrounding the report, Centre would consider changing room assignments, transfer or removal of the alleged abuser from the facility and/or to the opposite Unit, and Centre would offer emotional support services through a local community-based agency.</p> <p data-bbox="240 1753 1493 1984">The Facility Director informed this auditor that if there was an immediate threat of retaliation, the accused would be removed from the facility immediately until the investigation is completed. For all other instances, action plans will be developed by the Program Manager to ensure the reporter is free from retaliation. The Facility Director reported that such measures include: housing changes or transfers, removal of abusers, make a referral for counseling or emotional support services or support groups. The Director further established that a plan will be developed for retaliation; if it were immediate, the accused would be removed from the facility until investigation is complete. In the event the retaliation involved staff, the facility would change staff schedules to prevent interaction between the staff person and resident (or staff persons).</p> <p data-bbox="240 2013 1485 2143">On the first day of the onsite portion of the audit, there were no residents that the Facility classified as having reported sexual abuse. The auditor attempted to corroborate this report by reviewing confidential resident case files and during resident and staff interviews. No residents who reported a sexual abuse were discovered. As a result, there were no persons present in the facility (or the male facility) to monitor for retaliation.</p>

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision as the Agency Head and Facility Director – the staff person charged with the monitoring of retaliation – all reported that the agency would employ multiple protection measures, including housing unit changes, removal, and offering of emotional support services for both residents and staff.

115.267(c):

During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Section I(F) establishes, “[t]he assigned and designated on-shift staff person will monitor the conduct and treatment of residents or staff who have reported sexual abuse and of residents or staff who were reported to have suffered sexual abuse, to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation which includes notification to the facility’s PREA Compliance Officer (or “Chain of Command” if the PREA Compliance Officer is involved)” (p. 13). Section (F) further establishes, “[t]he frequency of status checks will be determined on a case by case situation and designed to safeguard the individual’s safety and consider and minimize the individual’s potential anxiety . . . The assigned and designated staff will be cognizant of resident disciplinary reports, housing, and program changes and will immediately report anomalies to the PREA Compliance Officer and or “Chain of Command.” The PREA Coordinator will monitor and investigate negative performance reviews or reassignments of staff involving personnel involved in potential retaliation situations” (p. 13). Section (F) also establishes the “[i]nitial retaliation monitoring period begins at the time abuse occurred or time report of abuse was made. The initial retaliation monitoring period will last 90 days. The monitoring period will be extended if the need exists” (p. 13). The Facility reported that there have been no times an incident of retaliation occurred in the past 12 months.

During the onsite portion of this audit, this auditor interviewed the Facility Director and staff charged with monitoring retaliation. The Facility Director reported that in the event that the facility suspected retaliation against an alleged victim or person cooperating with an investigation, they would immediately notify the PREA Compliance Manager and PREA Coordinator/Director of Operations. This person reported that the facility would then employ the protective measures discussed in provision (b) of this standard. The staff person interviewed that is charged with monitoring retaliation reported that the initial retaliation monitoring period begins at the time abuse occurred or time report of abuse was made. The initial retaliation monitoring period will last 90 days. The monitoring period will be extended if the need exists. This policy and procedure will encompass and protect any individual who cooperates with an investigation and or communicates a fear of potential retaliation.

The Facility reported that there have been no times an incident of retaliation occurred in the past 12 months. This auditor attempted to verify that report by reviewing the facility’s retaliation log and prior allegations of sexual abuse or sexual harassment received in the past 12 months. A review of those documents revealed that there were no documented instances of retaliation in the past 12 months. The facility did provide this auditor with a monitoring sheet titled: “Retaliation Monitoring Data Sheet (Substantiated/Unsubstantiated Sexual Abuse and Sexual Harassment).” This form includes basic information regarding the target, the date monitoring began, the 90-day expiration, and whether the monitoring is new or an extension of a prior 90-day period. Additionally, the form requires a review of disciplinary reports, housing changes, programmatic changes, performance evaluations, staff reassignments, and face-to-face check-ins.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.267(d):

During the onsite portion of this audit, this auditor interviewed staff charged with monitoring retaliation. The staff person interviewed that is charged with monitoring retaliation reported that they would conduct weekly status checks of the target that included a face-to-face check-in and review of disciplinary reports, housing changes, programmatic changes, performance evaluations, staff reassignments, and face-to-face check-ins. These status checks would continue weekly for the first four-to-six weeks and would continue thereafter at the determined interval (and as needed) for the duration of the 90-day period of monitoring, or as extended. As discussed in subsection (c) of this standard, the facility reported and this auditor reviewed that there has not been an incident of retaliation that occurred in the past 12 months, nor was there any monitoring needing to be conducted as a result of an allegation.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.267(e):

During the onsite portion of this audit, this auditor interviewed the Executive Director of Centre, Inc. and the staff charged with monitoring retaliation. The Executive Director reported that if any other individual who cooperated with an investigation expressed a fear of retaliation, the agency would take any reasonable measure possible to ensure that person is safe. The Exec. Dir. informed this auditor for employees, Centre has established a whistleblower policy, and for residents, Centre would consider restrictions, room assignment changes, and the transfer or removal of the perpetrator. The Facility Director reported that any fear of retaliation, regardless of who reported it, would be reported to the PREA Compliance Manager and

PREA Coordinator and he will be protected and monitored as described in subsections (b) and (c) of this standard.

The Facility reported that there have been no times an incident of retaliation occurred in the past 12 months. This auditor attempted to verify that report by reviewing the facility's retaliation log and prior allegations of sexual abuse or sexual harassment received in the past 12 months. A review of those documents revealed that no other individual who cooperated with the investigation reported fear of retaliation.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.267(f): The auditor is not required to audit this provision.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.271: Criminal and administrative agency investigations. The following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, records, etc.) a. Investigative records/reports for allegations of sexual abuse or sexual harassment b. Criminal investigation reports c. Administrative investigation reports 2. Interviews a. Investigative Staff b. Residents who Reported a Sexual Abuse c. PREA Coordinator d. Director, or Designee 3. Site Review Observations: a. Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.271(a): Centre has Policy P-19: Sexual Abuse/Assault Prevention & Intervention. Section II(D) of P-19 establishes the protocols for “Investigations of Non-Consensual Sexual Acts, Abusive Sexual Contacts, Client Sexual Harassment, Staff Sexual Misconduct, or Staff Sexual Harassment” (p. 8). Centre has documented procedures establishing that all allegations of sexual abuse and sexual harassment are investigated promptly, thoroughly, and objectively (p. 8–13).</p> <p>The Agency indicated that over the past 12 months, there had been four allegations resulting in an administrative investigation. The Facility provided the auditor with investigative files for each allegation. Documentation revealed that this allegation was received by the program and the staff person receiving the allegation reported the allegation directly to the agency’s PREA Coordinator/Director of Operations the same day as receiving the allegation.</p> <p>The auditor was able to analyze the evidence reviewed in the administrative investigation to determine whether the agency investigated the allegation promptly, thoroughly, and objectively. Thoroughly means all potential evidence is collected and considered, including but not limited to: physical evidence, documentary evidence, video evidence, telephone records and recordings. Objectively means an investigation is conducted by an investigator without any bias or presumption. Promptly means within a reasonable amount of time to assure that evidence, including information from witnesses, victims and subjects is not lost or forgotten when allegations of sexual contact are made where a forensic medical exam is in order, the investigation starts immediately so as not to lose that evidence.</p> <p>The investigations into these allegations were evidenced to begin within the same shift of the initial report being made by the third-party reporter. The investigation was evidenced to have included the collection of all potential evidence that this person had access to, including but not limited to: surveillance footage (when available), cell phone pictures, and interviewing potential witnesses. Lastly, the report provided indicated that the investigating staff investigated without bias or presumption and followed the evidence that was obtained; ultimately substantiating two incidents and unsubstantiating two incidents.</p> <p>During the on-site portion of this audit, this auditor interviewed the agency’s investigator – also serves as the agency’s PREA Coordinator. The PREA Coordinator revealed that the investigation begins immediately upon PREA Compliance Officer and PREA Coordinator receiving the report and after obtaining the client’s referral source oversight personnel’s authorization to begin. The investigator further stated that third-party reports are handled in the same way and are not investigated differently.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.</p> <p>115.271(b): During the pre-onsite portion of this audit, the agency indicated compliance with this provision and provided training certificates of key personnel that serve as investigators in the agency.</p> <p>During the onsite portion of this audit, this auditor interviewed the Agency’s investigator/PREA Coordinator. The special training in sexual abuse investigations this staff person has received is the following:1) “The National PREA Standards: Implications for Human Resource Practices in Correctional Settings” sponsored by the National PREA Resource Center - training included a module titled, “Investigation”; 2) 3 hour on-line training titled, “PREA: Investigating Sexual Abuse in a Confinement Setting” presented by the National Institute of Corrections; 3) a 20-hour PREA Investigator training provided by</p>

the "Moss Group" and hosted by the North Dakota Department of Corrections and Rehabilitation; and a 2-day training titled, "Investigating Sexual Misconduct: Training for Correctional Investigators" facilitated by the North Dakota Department of Corrections and Rehabilitation. The auditor reviewed training records/certificates evidencing completion of these trainings. The investigative staff indicated the 2-day training titled, "Investigating Sexual Misconduct: Training for Correctional Investigators" facilitated by the North Dakota Department of Corrections and Rehabilitation covered 1) techniques for interviewing sexual abuse victims; 2) proper use of Miranda and Garrity warnings; 3) Sexual abuse evidence collection in confinement settings; and 4) criteria and evidence required to substantiate a case for administrative action or prosecution referral as required by standard 115.234.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.271(c):

During the pre-onsite portion of this audit, the agency indicated compliance with this provision and provided the above-referenced investigative file as evidence of their compliance.

During the onsite portion of this audit, this auditor interviewed the Agency's investigator/PREA Coordinator. The investigator informed the auditor that in the event of an allegation the first steps in initiating an investigation are: the PREA Coordinator would assign a Sexual Abuse Response Team (SART) and assign a lead investigator (typically the PREA Coordinator / Director of Operations) who has received the specialized training. This would occur immediately upon receiving the report. The assigned investigator would be responsible for gathering and preserving direct and circumstantial evidence, begin interviewing alleged victims, suspected perpetrators, any electronic monitoring or other electrically stored evidence, and witnesses. During the interview, the PREA Coordinator reviewed that on the investigation reported in the PAQ, the investigator safeguarded pictures obtained on the alleged victims cell phone, cell phone bills including detailed call list obtained by a third-party witness, and reduced witness statements to writing. In cases where circumstantial evidence exists and it is believed that a crime has potentially occurred, Centre Inc. personnel would be responsible for safeguarding it and not disturbing it nor "gathering" it. This task would be law enforcement's responsibility.

The investigative file provided by the agency during the pre-onsite portion of this audit evidenced the creation of the SART and documentation of efforts the investigator took during the investigation to include interviewing and attempts to interview potential witnesses, the victim, and the alleged perpetrator. Where appropriate, all allegations are referred to the Mandan Police Department for criminal investigation.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.271(d):

During the pre-onsite portion of this audit, the agency indicated compliance with this provision and provided the above-referenced investigative file as evidence of their compliance.

During the onsite portion of this audit, this auditor interviewed the Agency's investigator/PREA Coordinator. The investigator informed the auditor that in the event the program discovers evidence that a prosecutable crime may have taken place, the investigator would not conduct compelled interviews as these matters would be immediately referred to law enforcement who would be responsible for the criminal investigation and prosecutor consultation.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.271(e):

During the pre-onsite portion of this audit, the agency indicated compliance with this provision and provided the above-referenced investigative file as evidence of their compliance.

During the onsite portion of this audit, this auditor interviewed the Agency's investigator/PREA Coordinator. The investigator informed this auditor that the judging the credibility of an alleged victim, suspect, or witness is done in an individual basis and is assessed objectively without a presumption that one person is more credible than another until the assessment of credibility shows one way or another. The investigator further provided that under no circumstances would a resident who alleges sexual abuse be required to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

There were no residents that the Facility classified as having reported sexual abuse. The auditor attempted to corroborate this report by reviewing confidential resident case files and during resident and staff interviews. No residents who reported a sexual abuse were discovered. As a result, this auditor was unable to question any resident who reported prior sexual abuse in this facility to inquire whether or not the resident would be/had been required to take a polygraph test as a condition for the facility proceeding with a sexual abuse investigation.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.271(f):

During the onsite portion of this audit, this auditor interviewed the Agency's investigator/PREA Coordinator. The investigator informed this auditor that administrative investigations do include an effort to determine whether staff actions or failures to act contributed to the abuse. The investigator further established that during interviews and evidence gathering they actively look for the existence of staff neglect, violation of the standards of employee conduct, and whether staff maintained fidelity with the agency's policies and procedures. Additionally, the investigator reported that all administrative investigations are documented in written reports that include: a description of all physical and testimonial evidence; all questions asked of these people; a list of and responses of all witnesses, staff, or community-service providers interviews; follow-up with law enforcement as well as notification to the alleged victim; and findings along with evidence used to make the determination of substantiated, unsubstantiated, or unfounded.

During the pre-onsite portion of this audit, the Agency indicated that over the past 12 months, there had been two allegations of sexual harassment resulting in an administrative investigation. The Facility provided the auditor with investigative files that tracked the efforts of staff upon initially receiving the allegation through the administrative investigatory efforts. The above-mentioned packet contained a written report that included a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Additionally, it contained a form, titled: "Sexual Abuse Response Team (SART) Report" that contained evaluation of whether staff actions or failures to act contributed to the abuse and whether staffing was adequate to protect the resident from abuse.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.271(g):

During the onsite portion of this audit, this auditor interviewed the Agency's investigator/PREA Coordinator. The investigator informed this auditor that criminal investigations (similar to administrative investigations) are documented and retained pursuant to the Agency's record retention policy. The investigator disclosed that the local law enforcement agency provides the agency with a detailed account of all efforts completed during the investigation, including the date and time and person that completed the task. The investigator further communicated that the information includes a thorough description of any evidence obtained.

During the pre-onsite portion of this audit, the Agency indicated that over the past 12 months, there had been no criminal investigations that had taken place and that the last referral for criminal prosecution was made on March 11, 2016.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.271(h):

During the pre-onsite portion of this audit, the agency indicated compliance with this provision and provided Policy P-19: Sexual Abuse/Assault Prevention & Intervention as evidence of their compliance. Policy P-19 establishes that "[a]n investigation is conducted and documented whenever a sexual assault or threat is reported . . . [upon receiving an allegation staff shall] notify the local law enforcement agency having jurisdiction of the allegations and confirm their plan for investigation including time line(s)." (p. 8-9). Section D(7) further establishes that upon receipt of an allegation of sexual harassment, "[i]f after the initial interview with the victim . . . if the staff person suspects a crime may have been committed, the staff person will notify the local law enforcement agency having jurisdiction." (p. 11).

During the pre-onsite portion of this audit, the Agency indicated that over the past 12 months, there had been no criminal investigations that had taken place and that the last referral for criminal prosecution was made on March 11, 2016.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.271(i):

During the pre-onsite portion of this audit, the agency indicated compliance with this provision and provided Policy P-19: Sexual Abuse/Assault Prevention & Intervention as evidence of their compliance. Section II(I)(1) establishes that "[a]ll case records associated with claims of sexual abuse, including incident reports, investigative reports, client information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and or counseling will be retained in accordance with Centre's record retention policy" (p. 14).

During the onsite portion of this audit, this auditor requested administrative policies. The agency provided me with Policy SP-6: "Information Practices, Records, Retention and Data: Statistics, Outcome Measures and Agency Cooperation." Section

II(C) of SP-6 establishes that “[a]ll investigation files specific to PREA involving clients will be retained for five (5) years after the last date of program involvement” (p. 6). Additionally, SP-6 establishes that “[a]ll investigation files specific to PREA involving personnel will be retained for five (5) years after the last date of employment” (p. 6).

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.271(j):

During the onsite portion of this audit, this auditor interviewed the Agency's investigator/PREA Coordinator. The investigator informed this auditor that the departure of the alleged abuser or victim from the employment or control of the facility or agency does not terminate the investigation pending. The investigator informed this auditor that efforts would be continued to complete the investigation.

During the pre-onsite portion of this audit, the Agency indicated that over the past 12 months, there had been no allegation resulting in an administrative investigation that was ultimately referred to the local law enforcement for criminal investigation/prosecution.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

115.271(k): Auditor is not required to audit this provision.

115.271(l):

During the onsite portion of this audit, this auditor interviewed the Agency's investigator, PREA Coordinator, and facility leadership. The PREA Coordinator informed this auditor that Centre informs the investigating agency of the PREA standard that requires that the facility remain informed of the progress and outcome of the investigation. Additionally, facility high-level supervisory personnel revealed that in the event the Centre does not conduct the investigation, the facility requests relevant information from the investigative agency in order to keep the resident and referral source informed. Lastly, this auditor interviewed the agency investigator. The investigated identified that both him/herself as well as facility staff will perform any task within their authority and job description that the law enforcement agency requests of them; typically, however, this would only involve the collection of records within the program as any investigatory work (e.g., interviews) would be performed by local law enforcement once they are involved.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 922 297">115.272: Evidentiary standard for administrative investigations.</p> <p data-bbox="240 304 1026 331">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 338 1085 566" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="240 371 1085 499" style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Sexual Abuse/Assault Prevention & Intervention Policy P-19 c. Investigative records/reports for allegations of sexual abuse or sexual harassment d. Criminal investigation reports 2. Interviews <ol data-bbox="240 539 451 566" style="list-style-type: none"> a. Investigative Staff <p data-bbox="240 600 483 627">Findings (By Provision):</p> <p data-bbox="240 633 363 660">115.272(a):</p> <p data-bbox="240 667 1477 857">During the pre-onsite portion of this audit, the Facility indicted compliance with this provision and provided this auditor with Policy P-19: Sexual Abuse/Assault Prevention & Intervention. Section I(C) of this policy establishes that “[s]ubstantiated allegation means an allegation that was investigated and determined to have occurred . . . [u]nsubstantiated allegation means an allegation that was investigated and determined not to have occurred” (p. 4). Furthermore, on March 31, 2021, this policy was revised to include the following language: “Centre Inc. imposes the standard of a preponderance of evidence when determining whether allegations of sexual abuse or sexual harassment can be substantiated” (p. 9).</p> <p data-bbox="240 891 1477 1048">During the onsite portion of this audit, this auditor interviewed the Agency's primary investigator. The investigator informed this auditor that the standard of evidence required to substantiate allegations of sexual abuse or sexual harassment is a preponderance of evidence standard. This staff person brought an excerpt from a 20-hour PREA investigator training provided by The Moss Group, Inc. that defined various key concepts, including: preponderance of evidence, beyond a reasonable doubt, and Miranda and Garrity warnings.</p> <p data-bbox="240 1081 1398 1137">Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.</p>

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.273: Reporting to residents.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Sexual Abuse/Assault Prevention & Intervention Policy P-19 c. Investigative records/reports for allegations of sexual abuse or sexual harassment d. Criminal investigation reports e. Resident Notification 2. Interviews <ol style="list-style-type: none"> a. Investigative Staff b. Director or Designee c. Residents who Reported a Sexual Abuse <p>Findings (By Provision):</p> <p>115.273(a):</p> <p>During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Attachment A establishes, “[f]ollowing an investigation into a resident’s allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded” (p. 18).</p> <p>The agency indicated that over the past 12 months, there had been four allegations resulting in an administrative investigation. Of which, two resulted in notification to the residents. Upon investigation and review, the other two allegations were not PREA-related incidents and fall outside the scope of this standard. The facility provided this auditor with a document titled, “Notice of Prison Rape Elimination Act Investigation Status” signed by the resident that indicating the outcome of the investigation.</p> <p>During the onsite portion of the audit, this auditor interviewed the Facility Director. The Director indicated that following an investigation, Centre informs the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The Program Manager documents this follow up in a serious incident report. There were no residents who reported a sexual abuse while this auditor was at the facility available to be interviewed.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.</p> <p>115.273(b):</p> <p>During the pre-onsite portion of this audit, the Facility indicated that there were no investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months.</p> <p>During the onsite portion of this audit, the auditor interviewed the PREA Coordinator. This individual informed this auditor that in situations where an outside entity conducts a criminal investigation, the Agency stays informed of the investigation and requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.</p> <p>115.273(c):</p> <p>During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Attachment A establishes, “[f]ollowing a resident’s allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident’s unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility” (p. 18). As indicated above, the facility indicated that there had been one substantiated complaint of sexual harassment committed by a staff member against a resident in an agency facility in the past 12 months. The facility indicated that this resident was no longer a resident at a Centre, Inc. facility when the allegation was made, but they still informed the resident of the outcome.</p> <p>The facility provided this auditor with a document titled, “Notice of Prison Rape Elimination Act Investigation Status” where</p>

the staff indicated the resident refused to sign the document that indicated that the sexual harassment allegation had been substantiated and that the alleged staff member was no longer employed at the facility. As indicated in provision (a) of this standard, there were no residents who reported a sexual abuse while this auditor was at the facility available to be interviewed

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.273(d):

During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Attachment A establishes, “[f]ollowing a resident’s allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The facility reported that there were no instances of resident-on-resident abuse in the facility to review. However, the facility indicated there was an instance of resident-on-resident sexual harassment to review. The facility provided this auditor with a document titled, “Notice of Prison Rape Elimination Act Investigation Status” where the resident signed confirming receipt of the document that indicated that the sexual harassment allegation had been substantiated and that the alleged offender had been charged with appropriate disciplinary action.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.273(e):

During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Attachment A establishes, “[a]ll [pertinent] notifications or attempted notifications shall be documented” (p. 19).

As reviewed in provisions (a) through (c) of this standard, the facility provided this auditor with documentation evidencing that the two notifications made pursuant to this standard were documented.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.273(f): the Auditor is not required to audit this provision.

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.276: Disciplinary sanctions for staff. The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Sexual Abuse/Assault Prevention & Intervention Policy P-19 c. Sexual Abuse Response Team (SART) Report d. Resident Grievances 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings (By Provision):</p> <p>115.276(a): During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Section II(D)(8)(h) establishes, “[e]mployees, contract volunteers, official visitors, or agency representatives who are found to have committed staff sexual misconduct as defined above will face internal discipline, and the facility will also work with law enforcement to aid in the prosecution of such charges to the fullest extent possible. Employees, contract volunteers, official visitors, or agency representatives who are found to have committed staff sexual harassment will be disciplined internally per Centre’s personnel policies. Centre Inc. will report all relevant information specific to employee, volunteer, official visitor, or agency representative discipline to relevant licensing bodies. The facility’s PREA Compliance Officer is responsible for documenting this notification” (p. 11).</p> <p>During the onsite portion of the audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that any staff that violate the agency sexual abuse or sexual harassment policy (as well as the Employee Standards of Conduct) would be subject to disciplinary sanctions up to and including termination.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.</p> <p>115.276(b): During the pre-onsite portion of this audit, the Facility indicated that there had been one staff from the facility who had violated the agency’s sexual abuse or sexual harassment policies. The Facility provided documentation to evidence the facility’s established the completion of the investigation and outcome. This staff person terminated their employment during questioning by the Agency investigator. This was evidenced by a review of the investigative file and SART Report of this incident provided by the facility.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.</p> <p>115.276(c): During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Section II(D)(8)(h) establishes, “[e]mployees, contract volunteers, official visitors, or agency representatives who are found to have committed staff sexual harassment will be disciplined internally per Centre’s personnel policies” (p. 11). The facility reported that over the past 12 months there have been no staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse). This auditor corroborated that through review of resident grievances filed over the past 12 months.</p> <p>During the onsite portion of the audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that any staff that violated the agency sexual harassment policy (as well as the Employee Standards of Conduct) would be subject to commensurate disciplinary sanctions with input from the agency’s contracting bodies. The PREA Coordinator confirmed that there had been no disciplinary action taken on staff who had been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse).</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.</p>

115.276(d):

During the pre-on-site portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Section II(D)(8)(h) establishes, "Centre Inc. will report all relevant information specific to employee, volunteer, official visitor, or agency representative discipline to relevant licensing bodies. The facility's PREA Compliance Officer is responsible for documenting this notification" (p. 11). The Facility indicated that in the past 12 months, although there was one staff member that had resigned upon investigation that he/she violated the Agency's sexual harassment policy, the Facility indicated that a single instance of this person's alleged behavior is not criminal in nature and therefore was not reported to local law enforcement. However, the Facility indicated that the alleged incident was reported to their contracting authorities.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.277: Corrective action for contractors and volunteers. The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Sexual Abuse/Assault Prevention & Intervention Policy P-19 c. Resident Grievances 2. Interviews <ol style="list-style-type: none"> a. Facility Director of Designee b. PREA Coordinator 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings (By Provision):</p> <p>115.277(a): During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Section II(D)(8)(h) establishes, "contract volunteers . . . who are found to have committed staff sexual misconduct as defined above will face internal discipline, and the facility will also work with law enforcement to aid in the prosecution of such charges to the fullest extent possible. Employees, contract volunteers, official visitors, or agency representatives who are found to have committed staff sexual harassment will be disciplined internally per Centre's personnel policies. Centre Inc. will report all relevant information specific to employee, volunteer, official visitor, or agency representative discipline to relevant licensing bodies. The facility's PREA Compliance Officer is responsible for documenting this notification" (p. 11). The facility indicated that over the past 12 months, there had been no instances where contractors or volunteers had been reported to law enforcement agencies or relevant licensing bodies for engaging in sexual abuse of residents.</p> <p>During the onsite portion of the audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that any contractor or volunteer who engages in sexual abuse would be barred from the facility permanently. The PREA Coordinator confirmed that there had been no instances where contractors or volunteers had been reported to law enforcement agencies or relevant licensing bodies for engaging in sexual abuse of residents.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.</p> <p>115.277(b): During the pre-onsite portion of this audit, the Facility indicated that the Contractor/Volunteer's access to residents would be immediately suspended pending the investigation's outcome.</p> <p>During the onsite portion of the audit, this auditor interviewed the Facility Director. The Facility Director reported that if a contractor or volunteer is found to have committed misconduct, the facility would contact Law Enforcement and assist them in investigating. The contractor or volunteer would not be allowed in the facility and would not be allowed contact with the resident while the resident is at our facility.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.278: Disciplinary sanctions for residents. The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Resident Rules and Discipline Policy P-14 c. Resident Handbook, Appendix A d. Bureau of Prison's Prohibited Acts 2. Interviews <ol style="list-style-type: none"> a. Facility Director of Designee b. PREA Coordinator 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings (By Provision):</p> <p>115.278(a): During the pre-onsite portion of this audit, the Facility provided P-14: Program Rules & Discipline in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Section II(A) and Section II(B) establish the formal disciplinary processes Federal Bureau of Prisons residents and North Dakota Department of Corrections and Rehabilitation residents (p. 10-11). The Facility also provided this auditor with a form titled, "Centre Residential Services Contract." This form is taken from Section 1 of the Resident Handbook (as evidenced by reviewing Resident Handbooks while onsite and post-onsite). This Section defines the formal disciplinary process for residents: "[t]he Formal Disciplinary Hearing is held. The resident is entitled to be present at the formal hearing except during deliberations of the decision maker(s). The resident is entitled to make a statement and to present documentary evidence on their own behalf. The hearing committee and/or officer will consider all evidence presented at the hearing and will make a decision based on facts and based on the greater weight of the evidence" (p. 10). The Residential Services Contract details a list of facility rules and prohibited behaviors, including sexual abuse (p. 10). P-14 establishes that "a formal disciplinary hearing [will be conducted] for resolution of these rule infractions and sanctioning" (p. 3). The Residential Contract further establishes that "[v]iolation of any federal or state law (felony or misdemeanor offenses)" will result in the formal disciplinary process (p. 12). The Facility indicated that over the past 12 months, there have been no administrative or criminal findings of guilt for resident-on-resident sexual abuse that occurred at the facility. The Facility indicated that over the past 12 months, 19 grievances were filed in total; one alleging sexual abuse or sexual harassment.</p> <p>During the onsite portion of the audit, this auditor reviewed all resident grievances files over the past 12 months and inquired with randomly selected residents and staff whether they knew of any pertinent incident taking place. This auditor did not discover the existence of any relevant allegation. The one grievance alleging sexual abuse involved a staff person during a pat-down search. It was not responsive to this provision.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision as residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding or criminal finding of guilt for resident-on-resident sexual abuse.</p> <p>115.278(b): During the onsite portion of the audit, this auditor interviewed the Facility Director. The Facility Director reported that the sanctioning would depend on the nature of the abuse, the resident's disciplinary history, and comparable offenses. The Facility Director reported that the abuser would be referred for criminal prosecution and referred to a higher level of care.</p> <p>As reviewed in provision (a) of this standard there were no investigative reports and documentation of sanctions imposed for this auditor to review that are responsive to this provision.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision as the facility attempts to impose sanctions that are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offense by other residents with similar histories.</p> <p>115.278(c): During the onsite portion of the audit, this auditor interviewed the Facility Director. The Facility Director reported that the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The Facility Director noted that she was not aware of</p>

resident-on-resident abuse ever being reported at this Facility.

As reviewed in provision (a) of this standard there were no investigative reports and documentation of sanctions imposed for this auditor to review.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision as the facility reported that its disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

115.278(d):

During the pre-onsite portion of this audit, the Facility indicated that it does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse as it does not employ medical and mental health staff.

Because the facility does not employ medical and mental health staff and as a result does not offer the pertinent therapeutic intervention(s), this provision is not applicable.

115.278(e):

During the pre-onsite audit portion of this audit, the Facility indicated in its' PAQ response that "[i]f a staff member 'consented' then the resident would be a victim and therefore not be subject to discipline."

The Agency further reported, "Centre Inc.'s document titled, 'Centre Residential Services Contract,' and North Dakota Department of Correction's Appendix A and the Bureau of Prison's Prohibited Acts clearly identify that [non-consensual acts] is [the] prohibited behavior and outlines in detail the applicable discipline" (p. 8). A review of these documents, establish that the prohibited behavior is nonconsensual sexual conduct with staff. A review of the resident handbook binder obtained while onsite reveals that these documents are located among the materials provided to the resident at intake.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.278(f):

During the pre-onsite portion of this audit, the Facility indicated in the PAQ that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The facility provided the auditor with a policy P-14: Program Rules and Discipline. This Policy indicates, "Centre Inc. prohibits disciplinary action for all reports of sexual abuse made in good faith when they are made based upon a reasonable belief that the alleged conduct occurred" (p. 1).

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

115.278(g):

During the pre-onsite portion of this audit, the Facility provided "Centre Residential Services Contract." Section C(l)(15) prohibits all sexual activity between residents; "Physical/Sexual Contact- Residents (regardless of gender) are to maintain appropriate physical boundaries with each other and with visitors. An appropriate distance between residents is generally at least one and one-half (1 & 1/2) feet (personal space). There will be no sexual activity, excessive affectionate mannerism, or inappropriate physical contact between residents and visitors or between residents. Judgment as to "excessive" resides with the on-duty staff member. This includes any physical contact with another in Centre Inc. or on the grounds other than a brief embrace and/or kiss at the times of arrival and departure of an approved visitor. Also, includes engaging in any sexual act with an unauthorized person(s)" (p. 17). The agency defines sexual abuse/assault separately in subsection C(l)(2) and indicated in their PAQ responses that the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.282: Access to emergency medical and mental health services. The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Sexual Abuse/Assault Prevention & Intervention Policy P-19 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. Community-based medical provider c. Residents who Reported a Sexual Abuse d. Security Staff and Non-Security Staff First Responders 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings (By Provision):</p> <p>115.282(a): During the pre-onsite portion of this audit, the Facility indicted compliance with this provision and provided this auditor with Policy P-19: Sexual Abuse/Assault Prevention & Intervention. Section I(D)(3)(h) of this policy establishes that “(r)esident victims of sexual abuse will receive timely and unimpeded access to emergency mental health care and ongoing medical and mental health care at no cost to the resident (during the offender’s Residential program participation)” (p. 9). Section I(D)(3) further establishes, “(v)ictims of sexual assault will be referred to the appropriate/applicable community medical, psychological, and law enforcement agencies for treatment and gathering of evidence. The referral and follow up will include provisions that include but are not necessarily limited to: a. The extent of physical injuries is documented and with the victim’s consent, the examination includes the collection of evidence from the victim; b. Testing for sexually transmitted diseases (for example, HIV, gonorrhea, hepatitis, and other diseases); c. Counseling as appropriate; d. Prophylactic treatment and follow up for sexually transmitted diseases will be offered as appropriate; e. Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Following the physical examination, there is availability of an evaluation by a mental health professional to assess the need for crisis intervention counseling and long-term follow-up” (p. 8–9).</p> <p>During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that all resident victims of sexual abuse would receive immediate and unimpeded access to emergency medical treatment and crisis intervention. The PREA Coordinated reported that any treatment would be at no cost to the resident and in all contracts for service, there is a provision that Centre, Inc. can invoice the respective government agency for reimbursement of these costs. The PREA Coordinator further reported that in the event that the referring agency does not reimburse, Centre, Inc. would cover the cost of the services; at no point in time would a resident be required to pay for any medical treatment as a result of being a victim of sexual abuse. The PREA Coordinator reported that Centre, Inc. has ongoing relationships with local emergency departments, the Abused Adult Resource Center, and the SANE/SAFE of Central North Dakota. The PREA Coordinator indicated that the facilities would document the timeliness of the emergency medical treatment and crisis intervention services that were provided, the response by program staff that acted as first responders, and timely information and services concerning contraception and sexually transmitted infection prophylaxis. The PREA Coordinator indicated that the need for these records have never occurred as there has not been a reported instance of sexual abuse in this facility.</p> <p>There were no residents that the Facility classified as having reported sexual abuse. The auditor attempted to corroborate this report by reviewing confidential resident case files and during resident and staff interviews. No residents who reported a sexual abuse were discovered.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.</p> <p>115.282(b): During the onsite portion of this audit, this auditor interviewed security and non-security staff first responders. The facility indicated that all Residential Specialists are the facility’s first responders. As a result, this auditor interviewed four Residential Specialists and asked them to the first responder protocol. All staff indicated in the event they were the first to respond or learn of a sexual assault, they would call for additional staff, call 9-1-1, notify the on-call, separate the alleged victim and accuser, secure the scene from contamination, and after a discussion with the alleged victim call the Mental Health Crisis line Southeast Human Services, if requested. The three non-security first responders interviewed (case</p>

managers) all reported that their responsibility in this type of situation would be to call for additional staff support, call 9-1-1, and notify the on-call of the situation.

As noted in subsection (a) of this standard, the facility has not had a report of sexual abuse occurring in the facility for this auditor to review. This auditor interviewed an executive-level representative of the Abuse Adult Resource Center who reported that once an allegation has been made the Sexual Assault Response Team protocol would initiate and local law enforcement, SAFE/SANE practitioners, and victim advocates would accompany the resident to the hospital. This auditor observed a posting containing crisis number displayed in the control room on both units.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision. Having no medical or mental health practitioners on-site, the facility has evidenced a consistent procedure among security and non-security first responders the necessity to immediately take steps to protect the victim and notify medical (9-1-1) and mental health practitioners (Abused Adult Resource Center).

115.282(c):

During the pre-onsite portion of this audit, the Facility indicted compliance with this provision and provided this auditor with Policy P-19: Sexual Abuse/Assault Prevention & Intervention. Section I(D)(3)(h) of this policy establishes that resident victims will have access to “(t)esting for sexually transmitted diseases (for example, HIV, gonorrhea, hepatitis, and other diseases); c. Counseling as appropriate; d. Prophylactic treatment and follow up for sexually transmitted diseases will be offered as appropriate; e. Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services” (p. 8–9).

As noted in subsection (a) of this standard, this facility does not employ any medical or mental health practitioners as verified by this auditor’s review of the staff roster on the first day of the onsite portion of this audit.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.282(d):

During the pre-onsite portion of this audit, the Facility indicted compliance with this provision and provided this auditor with Policy P-19: Sexual Abuse/Assault Prevention & Intervention. Section I(D)(3)(h) of this policy establishes that “(r)esident victims of sexual abuse will receive timely and unimpeded access to emergency mental health care and ongoing medical and mental health care at no cost to the resident (during the offender’s Residential program participation)” (p. 9).

As noted in subsection (a) of this standard, the facility has not had a report of sexual abuse occurring in the facility for this auditor to review. During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that under no circumstances would Centre, Inc. required a resident to pay for treatment services as a result of being a victim of sexual abuse. He further reported that Centre, Inc. would not condition payment of these services on whether the victim names the abuser and/or cooperates with the investigation arising out of the incident.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.283: Ongoing medical and mental health care for sexual abuse victims and abusers. The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Sexual Abuse/Assault Prevention & Intervention Policy P-19 c. PREA Rating Assessment Manual d. Initial Assessment/Re-assessment PREA (form) e. Intake Assessment Procedure 2. Interviews <ol style="list-style-type: none"> a. Community-based medical providers b. Residents who Reported a Sexual Abuse c. Residents who Disclosed Sexual Victimization During Risk Screening d. Security Staff and Non-Security Staff First Responders e. Rape and Abuse Crisis Center representative f. Case management staff 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings (By Provision):</p> <p>115.283(a): During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with a document titled, "PREA Rating Assessment Manual." Section 3(ii) of this manual establishes that if a client scored as a known or potential victim during his screening, initial PREA assessment, or reassessment, "[t]he Case Manager will refer the client to community mental health services for any necessary follow-up" (p. 1).</p> <p>There were no residents that the Facility classified as having reported sexual abuse. The auditor attempted to corroborate this report by reviewing confidential resident case files and during resident and staff interviews. No residents who reported a sexual abuse were discovered. An additional six residents were interviewed that reported prior victimization during intake. Only two of the six residents indicated staff had offered to make a referral for community-based victim services. The remaining four indicated staff had not discussed making a referral on their behalf.</p> <p>At the time of the onsite portion of this audit, the facility had not demonstrated a procedure that offers all residents a medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in prison, jail, lockup, or a juvenile facility.</p> <p>Based upon the review and analysis of all the available evidence, and following a period of corrective action, the auditor has determined that the agency is fully compliant with this provision. Please see the below "Final Audit Report Reassessment" for review.</p> <p>115.283(b): During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with a document titled, "PREA Rating Assessment Manual." Section 3(ii) of this manual establishes that if a client scored as a known or potential victim during his screening, initial PREA assessment, or reassessment, "[t]he Case Manager will refer the client to community mental health services for any necessary follow-up" (p. 1).</p> <p>As noted in subsection (a) of this standard, the facility has not had a report of sexual abuse occurring in the facility for this auditor to review. Two residents interviewed that reported prior victimization elected to have staff refer or schedule a medical or mental health evaluation and informed this auditor that within the week was intake at the referred to community-based program. A spot check review of one of these residents' itineraries and accountability logs in SecurManage evidenced that the resident was allowed out of the program for treatment. However, four residents report that they were never offered these services from their case managers.</p> <p>Based upon the review and analysis of all the available evidence, and following a period of corrective action, the auditor has determined that the agency is fully compliant with this provision. Please see the below "Final Audit Report Reassessment" for review.</p> <p>115.283(c): During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that all resident victims of sexual abuse would receive access to community-based medical and mental health treatment. The</p>

PREA Coordinated reported that Centre, Inc. has an ongoing relationship with the Abused Adult Resource Center. An executive-level representative of the Abused Adult Resource Center confirmed the existence of the ongoing relationship where the AARC would provide crisis support and ongoing treatment, if the resident requested. The PREA Coordinator reported the mission of Centre, Inc., in part, is to connect residents transitioning home through one of its facilities with community-based agencies in their own community in order for the greatest likelihood that that resident will continue their engagement post-release. This auditor also interviewed two case management staff at this facility. Both staff persons indicated that all residents, including those that have reported prior sexual abuse or victimization, are offered mental health services through one of two primary community-based providers.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision. The facility does not offer internal medical or mental health services, instead it utilizes community-based organizations to provide their residents with these services.

115.283(d)-(e):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with Policy P-19: Sexual Abuse/Assault Prevention & Intervention. Section II(D)(3)(e) of this policy establishes, “[f]emale victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services” (p. 9).

As noted in subsection (a) of this standard, the facility has not had a report of sexual abuse occurring in the facility for this auditor to review.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision as it has demonstrated that in the event a resident reports sexual abuse she will be offered pregnancy tests and receive timely comprehensive information about and timely access to lawful pregnancy-related medical services.

115.283(f):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with Policy P-19: Sexual Abuse/Assault Prevention & Intervention. Section I(D)(3)(h) of this policy establishes that resident victims will have access to “(t)esting for sexually transmitted diseases (for example, HIV, gonorrhea, hepatitis, and other diseases) . . . [and] [p]rophylactic treatment and follow up for sexually transmitted diseases will be offered as appropriate” (p. 8–9).

As noted in subsection (a) of this standard, the facility has not had a report of sexual abuse occurring in the facility for this auditor to review.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.283(g):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with Policy P-19: Sexual Abuse/Assault Prevention & Intervention. Section I(D)(3)(h) of this policy establishes that “(r)esident victims of sexual abuse will receive timely and unimpeded access to emergency mental health care and ongoing medical and mental health care at no cost to the resident (during the offender’s Residential program participation)” (p. 9).

As noted in subsection (a) of this standard, the facility has not had a report of sexual abuse occurring in the facility for this auditor to review. During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that under no circumstances would Centre, Inc. require a resident to pay for treatment services as a result of being a victim of sexual abuse. He further reported that Centre, Inc. would not condition payment of these services on whether the victim names the abuser and/or cooperates with the investigation arising out of the incident.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.283(h):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with its “Initial Assessment/Re-Assessment Prison Rape Elimination Act (PREA)” screening form. Page two of this form contains the following excerpt: “Re-Assessment Only: Known “Resident on Resident” Abuser; if “Yes” make referral to medical health professional for a mental health evaluation to occur within 60 days. Ensure access to mental health care practitioner’s recommended treatment is made available and on-going follow up is included within the resident’s Mutually Agreed Upon Plan (MAP).” P-19 further establishes, “Centre Inc. personnel adhere to PREA Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers. Case Managers and/or Program Directors are responsible for ensuring all known resident-on-resident abusers are referred for a mental health evaluation and that treatment is offered when the mental health practitioner deems it is appropriate. In applicable cases, the Case Manager or designee will complete

the referral within 60 days of learning of such abuse history" (p. 14).

During the onsite portion of this audit, this auditor conducted seven resident file audits. The "Initial Assessment/Re-Assessment PREA" screening form that was provided was evidenced to be utilized during the resident intake. The case file audit revealed no residents being identified as a known resident-on-resident abuser. In addition, this auditor interviewed 12 staff at the facility; three of which were case management staff. All case management staff indicated that they have not referred any resident-on-resident abusers for mental health evaluation and treatment as deemed appropriate. All case management staff indicated that they refer all known victims to community-based providers and that they had not had the opportunity to make any referrals for potential or known predators but would do so according to Agency policy.

This auditor spoke with an executive-level representative of the Abused Adult Resource Center. This person reported that over the prior 12-month period, Centre, Inc. had not referred any resident to the Center.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

Interim Report Corrective Action:

1. Develop and implement a procedure to ensure all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility are offered medical and mental health evaluation and, as appropriate, treatment.
2. Develop and implement a procedure to ensure the evaluation and treatment for victims of sexual abuse include referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

Final Audit Report Reassessment:

During the post-onsite audit portion of this audit, the auditor identified that the agency was not fully compliant with provisions (a) and (b) of this standard. The Agency provided the auditor with a document titled, PREA Audit Corrective Action on September 20, 2021, addressing corrective action steps taken by the Facility/Agency. The Agency further provided this auditor with supporting documentation evidencing the implementation of this corrective action on October 21, 2021.

As part of the Agency's corrective action, the Agency provided the auditor with a copy of an existing document titled, "Intake Assessment Procedure," which is responsive to this standard. In addition, on September 20, 2021, Centre's policy and procedure titled P-19: Sexual Abuse Assault Harassment Prevention Intervention was updated on page 14 - "Resident Referral to Outside Services" (§E) to include the following:

"Upon the assigned Case Manager becoming aware of potential release or transfer from Centre Inc. programming, they will assist the client with developing a plan for necessary continued care. This plan will include recommendations provided by the client's healthcare provider. The plan will be forwarded to the receiving institution and or communicated to the authority having jurisdiction over the client where applicable. This will be documented in the Discharge Summary / Individual Program Plan of the client's Electronic Case File."

As of the writing of this final audit report, no responsive examples were available for the auditor to review.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency has been able to remedy any previously reported deficiency and is fully compliant with this standard.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 671 297">115.286: Sexual abuse incident reviews.</p> <p data-bbox="240 304 1026 331">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 338 909 701" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Sexual Abuse/Assault Prevention & Intervention Policy P-19 c. Reporting and Handling of Significant or Unusual Incidents SP-9 d. Documentation of criminal and administrative investigations e. Sexual abuse incident review documentation (SART Report) 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. Facility Director of Designee 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p data-bbox="240 730 483 757">Findings (By Provision):</p> <p data-bbox="240 763 363 790">115.286(a):</p> <p data-bbox="240 797 1489 1496">During the pre-onsite portion of this audit, the Facility indicted compliance with this provision and provided this auditor with Policy P-19: Sexual Abuse/Assault Prevention & Intervention. Section I(A) establishes that the Program Director “will serve as the PREA Compliance Officer. This staff person will be responsible . . . to review all reports. Process all incidents with the Director of Operations – PREA Coordinator” (p. 1). Section II(D)(3)(g) establishes “[a] ‘Report of Significant Incident’ is completed and forwarded to the Director of Operations, Executive Director” for review (p. 9). Section II(I)(A)(2) further establishes that “[a]t the completion of the investigation, the staff investigator will complete the “Report of Significant Incident” and attach/compile all the documentation, including the investigative report, incident reports with disposition, medical and counseling evaluation findings, and recommendations for post release treatment, and place the original in the client’s case file, and forward a copy to the Director of Operations or designee” (p. 14). The Facility also provided Staff Practices (SP-9): Reporting and Handling of Significant or Unusual Incidents. Section I establishes, “The Director of Operations will assign staff members to a Sexual Abuse Response Team (SART) for each incident involving potential sexual abuse and or harassment. Incidents involving possible employee standard of conduct violations (including volunteers and contractors) will have administrators and the employee’s or department’s manager assigned to the SART. Incidents involving residents without staff, volunteers and contractors will consist of assigned clinical staff, Residential Specialist II and managers/directors. The SART will complete a Sexual Abuse Response Team Report for each incident. The SART Report assesses for required aspects as outlined in PREA Standard 115.286” (p. 2). SP-9 further establishes, “[a]ll qualifying critical incidents will be investigated by the Director of Operations or designee and will include a debriefing after each such incident. The investigation and debriefing shall include but not be limited to: a review of staff and client actions during the incident; a review of the incident’s impact on staff and clients; a review of corrective actions taken and still needed; and plans for improvement to avoid another incident. The debriefing process shall include coordination and feedback about the incident with designated staff of the facility/program as soon as possible after the incident” (p. 3).</p> <p data-bbox="240 1525 1469 1585">The facility reported that in the past 12 months, there was four criminal administrative investigation of alleged sexual abuse completed at the facility.</p> <p data-bbox="240 1615 1489 1742">During the onsite portion of this audit, this auditor reviewed documentation of completed administrative investigations into the above-referenced investigations. This documentation included the formation of a Sexual Abuse Response Team and documentation that this team reviewed the incident at the conclusion of the investigation. This was demonstrated by inclusion of a document titled, “Sexual Abuse Response Team (SART) Report.”</p> <p data-bbox="240 1771 1469 1865">Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision. The Facility has demonstrated that it conducts sexual abuse incident reviews at the conclusion of every criminal or administrative sexual abuse investigation.</p> <p data-bbox="240 1895 363 1921">115.286(b):</p> <p data-bbox="240 1928 1489 2089">During the pre-onsite portion of this audit, the Facility indicted compliance with this provision and provided this auditor with a “Report of Significant or Unusual Incident.” The instructions on this form inform staff that “[a]ll qualifying critical incidents will immediately be reported to and investigated by the Director of Operations or designee and will include a debriefing after each such incident.” The “immediate report” referenced in this form is an immediate report of the allegation or incident itself. Responsive to this provision is the timeframe for a post-investigation review of the incident.</p> <p data-bbox="240 2119 1481 2145">SP-9 also includes the following excerpt: “The SART team is also required to conduct and complete a sexual abuse incident</p>

review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.” The Sexual Abuse Incident Review Team documentation (SART Report) includes a date under within the signature block of the PREA Coordinator.

A review of the administrative investigation files referenced in provision (a) reveals that the SART was completed within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

115.286(c):

During the pre-onsite portion of this audit, the Facility indicted compliance with this provision and provided this auditor with Staff Practices (SP-9): Reporting and Handling of Significant or Unusual Incidents. Section I establishes, “The Director of Operations will assign staff members to a Sexual Abuse Response Team (SART) for each incident involving potential sexual abuse and or harassment. Incidents involving possible employee standard of conduct violations (including volunteers and contractors) will have administrators and the employee’s or department’s manager assigned to the SART. Incidents involving residents without staff, volunteers and contractors will consist of assigned clinical staff, Residential Specialist II and managers/directors.”

A review of the investigation files referenced in provision (a) reveals that the SART was comprised of Facility-level management, investigative staff, and the PREA Coordinator.

During the onsite portion of the audit, this auditor interviewed the Facility Director. The Director reported that all incidents of sexual abuse are reviewed by the Program Manager, the PREA Compliance Officer, PREA Coordinator/Director of Operations, and Investigator. The Facility Director informed this auditor that the facility does not have any medical or mental health practitioners on staff.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.286(d):

During the pre-onsite portion of this audit, the Facility indicted compliance with this provision and provided this auditor with Staff Practices (SP-9): Reporting and Handling of Significant or Unusual Incidents. Section I establishes, “[a]ll qualifying critical incidents will be investigated by the Director of Operations or designee and will include a debriefing after each such incident. The investigation and debriefing shall include but not be limited to: a review of staff and client actions during the incident; a review of the incident’s impact on staff and clients; a review of corrective actions taken and still needed; and plans for improvement to avoid another incident. The debriefing process shall include coordination and feedback about the incident with designated staff of the facility/program as soon as possible after the incident” (p. 3).

A review of the criminal investigation file referenced in provision (a) reveals that the SART includes the following review topics in its Sexual Abuse Response Team (SART) Report: 1) whether there are any recommendations for improvement of policy or practice; 2) whether the allegation and or incident was motivated by lesbian, gay, bisexual, transgender or intersex identification; 3) an examination of the area in the facility where the incident occurred to expose any potential physical barriers that may enable the abuse; 4) whether staffing levels were adequate in that area during all shifts; and 5) whether monitoring equipment/technology is sufficient to protect residents from sexual abuse and sexual harassment. As referenced above, this report was documented and included any recommendations for improvement. The Executive Director and PREA Coordinator were evidenced to be a part of the SART.

During the onsite portion of the audit, this auditor interviewed the Facility Director, PREA Coordinator (who also organizes the Incident Review Team). The Facility Director reported that the SART examines paragraphs (d)(1)-(d)(5) of this section. Additionally, the Director reported that in the event of any type of serious incident, the SART reviews whether policy was followed and if not are there any changes that need to be made or any training for staff that is needed. The Director also reviews how did the incident affect staff and residents and how can this incident be avoided. The PREA Coordinator reported that the SART always prepares a report indicating its findings, including any determinations made pursuant to this standard. The PREA Coordinator also reported that he is always a member of the SART; additionally, once the review has been completed, he is responsible for ensuring that the facility follows through and implements any corrective action developed. During the interview with the PREA Coordinator, the PREA Coordinator reviewed and discussed a completed Report form that evidenced determinations made pursuant to paragraphs (d)(1)-(d)(5) of this provision.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.286(e):

During the pre-onsite portion of this audit, the Facility indicted compliance with this provision and provided this auditor with a completed SART Report and memorandum of corrective action evidencing the implementation of recommendations for

improvement that came out of the SART. The Facility further reported that all SARTs are reviewed during the annual assessment of the Staffing Plan.

A review of the investigation files referenced in provision (a) reveals that the SART Report identified includes a portion that allows for recommendations for improvements pursuant to paragraphs (d)(1)-(d)(5) to be made and followed up on as a result of any incident.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 507 297">115.287: Data collection.</p> <p data-bbox="240 331 1026 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 387 1005 1043" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="240 445 935 701" style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Sexual Abuse/Assault Prevention & Intervention Policy P-19 c. Reporting and Handling of Significant or Unusual Incidents SP-9 d. PREA Annual Report and Corresponding Agency Review (Cover Letter) e. PREA Compliant Staffing Plan Binder f. Investigative Files 2. Interviews <ol data-bbox="240 846 571 929" style="list-style-type: none"> a. PREA Coordinator b. Facility Director of Designee 3. Site Review Observations: <ol data-bbox="240 1016 804 1043" style="list-style-type: none"> a. Observations during on-site review of physical plant <p data-bbox="240 1133 483 1160">Findings (By Provision):</p> <p data-bbox="240 1189 363 1216">115.287(a):</p> <p data-bbox="240 1247 1485 1408">During the pre-on-site portion of this audit, the Facility indicted compliance with this provision and provided this auditor with Policy P-19: Sexual Abuse/Assault Prevention & Intervention. Section I(C) establishes definitions for the following concepts: Non-consensual sexual act, abusive sexual contact, staff sexual misconduct, staff sexual harassment, sexual assault (rape), client sexual contact, client sexual harassment (p.4). P-19 additionally includes PREA definitions establishes in 28 C.F.R. 115.5 and 28 C.F.R. 115.6 (p. 4-6).</p> <p data-bbox="240 1496 1477 1590">The facility also provided this auditor with Reporting and Handling of Significant or Unusual Incidents SP-9. SP-9 establishes the collection of uniform data when completing the Report of Significant or Unusual Incident Form. Section II(A) (1) establishes,</p> <p data-bbox="240 1621 1477 1682">“[t]he staff person or person’s involved or first becoming aware of a reportable incident must fully and comprehensively complete the Report of Significant Incident Report Form. The Report of Significant Incident must include but is not limited to:</p> <ol data-bbox="240 1713 1485 2159" style="list-style-type: none"> a. Facility/Program and Location of Incident; b. Incident Category; c. Date and time staff became aware of the incident being reported; d. Description of the incident in chronological order including: who (all person’s involved & or witnesses) , what (clearly describe the incident being reported include all details, include facts), when (includes dates and times of events as applicable), where (include incident destination, full address, and specific location within a building or area if applicable), and how (if the factual basis of how something happened is known, it should be included); e. Indicate whether or not there was use of force and/or an exposure control incident, including whether or not universal precautions were followed; f. A description of any follow-up action taken and an indication of what must be completed from that point forward;

- g. List who was notified including Centre chain of command (Include date and time and form of notification), any outside authorities (law enforcement, ambulance, hospital, fire department, other), and specific referral agent contact person (include the date and time of each notification);
- h. Indicate whether or not the media has inquired about the situation; and
- i. Signature, title of person and date and time of completion of report" (p. 3).

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.287(b):

During the pre-onsite portion of this audit, the Facility indicted compliance with this provision and provided this auditor with Policy P-19: Sexual Abuse/Assault Prevention & Intervention. Section II(I)(3) establishes, "[o]n or around January 1 of each year, the Director of Operations or designee will review the Significant Incident Reports, and tally statistics on the number of Non-consensual Sexual Acts, Abusive Sexual Contacts, Consensual Sexual Contacts, Staff Sexual Misconduct, and Sexual Harassment incidents. The Director of Operations will share/forward this information to its referral agencies and licensing authority oversight personnel as requested" (p. 14). The Facility also provided this auditor with a document titled, "PREA Assessment/Centre Inc.'s Residential Reentry Program located at 3501 Westrac Drive, Fargo, ND 58103." This report includes an aggregated report listing all substantiated, unsubstantiated, and unfounded sexual abuse allegations reported in the past 12 months. Attached to this report was the Facility's PREA Annual Report and Assessment that had been completed. The document was dated, March 12, 2021.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.287(c):

During the pre-onsite portion of this audit, the Facility indicted compliance with this provision and provided this auditor with the Facility's PREA Annual Report. The annual report included aggregate information on the following types of incidents: 1) client-on-client non-consensual act (coercion), 2) client-on-client sexual assault, 3) client-on-client abusive sexual contact, 4) client-on-client consensual sexual contact, 5) client-on-client sexual harassment, 6) staff-on-client sexual harassment, 7) staff sexual misconduct, & 8) staff-on-client sexual assault.

During the onsite portion of the audit, the Facility provided this auditor with a monthly and annual utilization reports that tracked the daily population and total number of residents admitted and discharged.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision as the facility collects aggregated data necessary to answer the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

115.287(d):

During the pre-onsite portion of this audit, the Facility indicted compliance with this provision and provided this auditor with Policy P-19: Sexual Abuse/Assault Prevention & Intervention. Section II(I)(A)(2)-(3) establishes, "[a]t the completion of the investigation, the staff investigator will complete the "Report of Significant Incident" and attach/compile all the documentation, including the investigative report, incident reports with disposition, medical and counseling evaluation findings, and recommendations for post release treatment, and place the original in the client's case file, and forward a copy to the Director of Operations or designee. On or around January 1 of each year, the Director of Operations or designee will review the Significant Incident Reports, and tally statistics on the number of Non-consensual Sexual Acts, Abusive Sexual Contacts, Consensual Sexual Contacts, Staff Sexual Misconduct, and Sexual Harassment incidents. The Director of Operations will share/forward this information to its referral agencies and licensing authority oversight personnel as requested" (p. 14).

A review of the PREA Complaint Staffing Plan binder evidences that the facility maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The Staffing Plan included the annual report and assessment. Additionally, this information was made available and reported by the facility in its Annual Report that is posted on its website.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant.

115.287(e):

During the pre-onsite portion of this audit, the Facility indicated that this standard was not applicable as the agency does not contract with other entities for the confinement of its residents.

During the onsite portion of the audit, this auditor interviewed the Executive Director of Centre, Inc. The Executive Director reported that Centre Inc. does not contract with other private or public entities for the confinement of its residents.

Based upon the review and analysis of all the available evidence, the auditor has determined that this provision is not applicable.

115.287(f):

During the pre-onsite portion of this audit, the Facility indicated that this standard was not applicable as the agency reported the Dept. of Justice has not requested agency data.

Based upon the review and analysis of all the available evidence, the auditor has determined that this provision is not applicable.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 695 300">115.288: Data review for corrective action.</p> <p data-bbox="240 329 1026 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 387 874 931" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="240 443 831 645" style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. PREA Annual Report (Year 2020) c. PREA Assessment (dated 3/12/2021) d. Agency website 2. Interviews <ol data-bbox="240 730 475 815" style="list-style-type: none"> a. PREA Coordinator b. Agency Head 3. Site Review Observations: <ol data-bbox="240 902 804 931" style="list-style-type: none"> a. Observations during on-site review of physical plant <p data-bbox="240 1016 483 1046">Findings (By Provision):</p> <p data-bbox="240 1075 363 1104">115.288(a):</p> <p data-bbox="240 1133 1493 1361">During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with the Facility's PREA Annual Report. The Facility also indicated that this information is included in its PREA Compliant Staffing Plan; Sections included are: 1) Plan Development and Strategic Considerations; 2) Assessing "Relieved Positions" and "Non-Relieved"; 3) Facility Diagram logistics; 4) Deployed Staff compared to Resident Occupancy; 5) Video Monitoring; 6) Composition of Resident Population; 7) Prevalence of Substantiated and Unsubstantiated Incidents of Sexual Abuse; 8) Non-applicable Enumerated Factors; 9) Needed Adjustments to the Staffing Plan/Plan Deviation; 10) Facility Diagram; 11) Deployed Staff Training; and 12) Job Descriptions.</p> <p data-bbox="240 1449 1484 1610">The annual report included aggregate information on the following types of incidents: 1) client-on-client non-consensual act (coercion), 2) client-on-client sexual assault, 3) client-on-client abusive sexual contact, 4) client-on-client consensual sexual contact, 5) client-on-client sexual harassment, 6) staff-on-client sexual harassment, 7) staff sexual misconduct, & 8) staff-on-client sexual assault. That information is reported a document, titled: "PREA Assessment/Centre Inc.'s Residential Program."</p> <p data-bbox="240 1697 1493 2157">During the onsite portion of this audit, the auditor interviewed the Agency Head and PREA Coordinator. The Executive Director of Centre Inc. reported that Centre's PREA Coordinator keeps statistics. Centre reviews, analyzes and discusses trends annually. Centre also evaluates each reported allegation to determine if policy and practice is sufficient or could be improved. Centre considers training needs as well during that assessment. The PREA Coordinator reported that on an annual basis the Director of Operations completes and reviews the agency's Significant Incident Report for category codes that correspond to incidents that would qualify as Sexual Abuse/Harassment. This data is then utilized to create the PREA Annual Report. If certain incident(s) become more prevalent then they would be targeted and analyzed to ensure proper corrective measures are in-tact and or need strengthening including protocol assessment. All Centre data is securely retained on password secured computer data bases. The PREA Coordinator also reported that the Director of Operations completes Annual Reports and an Annual Assessment for each location statewide. The assessment accompanies the report and it assesses any corrective actions taken to ensure on-going effectiveness. The PREA Coordinator informed this auditor that in the event the agency established any problem areas or corrective action, these items would be assessed on an ongoing basis and included in the subsequent year's annual report. It was reported that this information is further utilized to review the Staffing Plan on an annual basis.</p>

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant.

115.288(b):

During the pre-onsite portion of this audit, the Facility indicated compliance with established that this comparison is provided in the Staffing Plan binder. This auditor was able to corroborate this report by reviewing the Agency's annual reports. Pertinent to this provision, the PREA Assessment has a section that compares the current reporting year's data with that of the prior three years.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

115.288(c):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided a link to the Agency's website: <http://centreinc.org/PREA/>. A review of this website reveals that it contains a link to Centre Inc.'s Annual PREA Reports and Assessments, as well as PREA audit reports and pertinent policies and procedures.

During the onsite portion of the audit, this auditor interviewed the Agency Head. The Executive Director of Centre Inc. reported that he approves annual reports pursuant to this provision.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.288(d):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and reported that, "no redactions [are] made." Reviewed the Agency's Annual Report evidences that no redactions are made and the report reports aggregate data and any implications drawn from that information.

During the onsite portion of the audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that only personal identifying information (PII) is not included and/or redacted from the annual report. The PREA Coordinator reported that nothing is redacted from the approved annual report prior to its publication on the Agency's website.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 798 300">115.289: Data storage, publication, and destruction.</p> <p data-bbox="240 329 1026 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 387 1431 987" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses b. Sexual Abuse/Assault Prevention & Intervention Policy P-19 c. Information Practices, Records, Retention and Data: Statistics, Outcome Measures and Agency Cooperation SP-6 d. PREA Annual Report and Corresponding Agency Assessment e. Agency website f. Historical data since August 20, 2012 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p data-bbox="240 1077 483 1106">Findings (By Provision):</p> <p data-bbox="240 1135 360 1164">115.289(a):</p> <p data-bbox="240 1193 1490 1518">During the pre-onsite portion of this audit, the Facility indicted compliance with this provision and provided this auditor with Policy P-19: Sexual Abuse/Assault Prevention & Intervention. Section II(I)(A) establishes, “[a]ll case records associated with claims of sexual abuse, including incident reports, investigative reports, client information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and or counseling will be retained in accordance with Centre’s record retention policy” (p. 14). The facility also provided this auditor with Staff Practices 6: Information Practices, Records, Retention and Data: Statistics, Outcome Measures and Agency Cooperation. Section I(A) establishes “Centre generated data is safeguarded from unauthorized and improper disclosure and the computerized portion of our information system ensures confidentiality. Unauthorized disclosure may result in disciplinary sanctions up to and including termination. Unauthorized disclosure may also result in criminal or civil penalties. Administrative, Managerial and case management staff are responsible for updating, storing and retrieving client statistics” (p. 2).</p> <p data-bbox="240 1608 1474 1769">During the onsite portion of the audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that all Centre data is securely retained on password secured computer data bases. While onsite, this auditor observed inactive staff computers. Each computer observed required a username and password to navigate. Additionally, during the entire course of this audit (pre/onsite/post), sensitive documentation was sent to this auditor using the Online Audit System or through encrypted emails.</p> <p data-bbox="240 1859 1457 1917">Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.</p> <p data-bbox="240 2007 360 2036">115.289(b):</p> <p data-bbox="240 2065 1482 2157">During the pre-onsite portion of this audit, the Facility indicted compliance with this provision and reported that agency policy requires that aggregated sexual abuse data from facilities under its direct control . . . be made readily available to the public at least annually through its website. The facility reported its website to be http://centreinc.org/PREA/.</p>

A review of this website reveals that it contains a link to Centre Inc.'s Annual PREA Reports and Assessments, as well as PREA audit reports that contain aggregated sexual abuse data and pertinent policies and procedures.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.289(c):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and indicated that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. A review of the agency's website (www.centre.org) and the annual reports publicly available, this auditor was able to confirm that personal identifiers have been removed.

During the onsite portion of the audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that only personal identifying information (PII) is not included and/or redacted from the annual report.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.289(d):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with Staff Practices 6: Information Practices, Records, Retention and Data: Statistics, Outcome Measures and Agency Cooperation. Section I(C) establishes, "[t]he agency maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise" (p. 6).

During the onsite portion of the audit, this auditor interviewed the PREA Coordinator. This auditor requested to see sexual abuse data collected pursuant to § 115.287 since August 20, 2012. The PREA Coordinator displayed annual reports dating back to that time on his password-protected computer.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this provision.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.401: Frequency and scope of audits.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Centre, Inc. Website: http://centreinc.org/PREA/ b. Prior PREA Audit Reports 2. Pre/Onsite/Post-Audit Observations <ol style="list-style-type: none"> a. General observations during the audit process <p>Findings (By Provision):</p> <p>115.401(a):</p> <p>A review of the agency's website and prior Final Audit Reports revealed that the agency has four community confinement facilities (one in Mandan North Dakota, one in Grand Forks North Dakota, and two in Fargo North Dakota). Additionally, the agency also has two day programs, one in Grand Forks North Dakota and another in Mandan North Dakota.</p> <p>The Agency's three-year PREA audit cycle starts with its Fargo Facilities, which were previously audited in July of 2019 with a final audit report date of March 20, 2020. The Mandan facility was originally scheduled to be audited in 2020 however due to the COVID-19 global pandemic and related state and CDC guidance related to vaccinations and quarantining, this audit was postponed until such time that the auditor was scheduled to be vaccinated according to the Commonwealth of Massachusetts' vaccination schedule. The remaining facility this Agency has is the Grand Forks Residential Transition Program, which was last audited on August 1, 2018 (Final Report Date). The Auditor has submitted a formal question to the PREA Resource Center relating to the impact of the COVID-19 pandemic and an Agency's audit cycle. The PREA Resource Center notified this auditor on May 19, 2021 that this inquiry has been sent to Department of Justice PREA Management Office for a response.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision. During the prior three-year audit period, the agency made every effort to ensure that each facility it operates was audited at least once.</p> <p>115.401(b):</p> <p>A review of the agency's website and prior Final Audit Reports revealed that the agency has four community confinement facilities (one in Mandan North Dakota, one in Grand Forks North Dakota, and two in Fargo North Dakota). One-third of its programs would equate to one program per year over the course of the three-year audit cycle. As delineated above (see discussion of 115.401(a)), the agency made every effort within its control to ensure one program was audited each year during the prior three-year period.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.</p> <p>115.401(h):</p>

During the onsite portion of this audit, this auditor had access to, and the ability to observe, all areas of the audited facility. The facility provided this auditor with unfettered access to the facility and its staff and residents.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

115.401(i):

During the pre-audit, onsite, and post-onsite portion of this audit this auditor was permitted to request and received copies of any relevant documents that this auditor requested, including but not limited to: facility logs, resident files, personnel files, policy and procedure manuals, postings, resident handbooks, intake and classification documents, etc.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

115.401(m):

During the onsite portion of this audit this auditor was permitted to conduct private interviews with residents and staff at various locations throughout the facility. The rooms chosen were confirmed to not have video or voice recording capabilities.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

115.401(n):

During the pre-audit portion of this audit residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

While onsite this auditor asked all residents interviewed whether they were made aware of and saw this auditor's notices that were displayed throughout the facility. All residents interviewed informed this auditor that the postings have been displayed for months. Additionally, the residents informed me that staff at the facility provide envelopes and stamps free of charge and that outgoing mail is not screened. This auditor also interviewed a direct care staff that was responsible for resident mail.

This staff person reported that the residents can have access to envelopes and stamps free of charge and that any outgoing mail is left in an outgoing mail box for a United States Postal Services carrier to collect the next business day. This staff person informed this auditor that outgoing mail is not screen and any letters to this auditor would have been treated the same way.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

115.403	Audit contents and findings
	<p data-bbox="242 145 766 174">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 646 300">115.403: Audit contents and findings.</p> <p data-bbox="242 329 1029 358">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 387 869 645" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="242 443 766 533" style="list-style-type: none"> a. Centre, Inc. Website: http://centreinc.org/PREA/ b. Prior PREA Audit Reports 2. Interviews <ol data-bbox="242 611 470 645" style="list-style-type: none"> a. PREA Coordinator <p data-bbox="242 728 486 757">Findings (By Provision):</p> <p data-bbox="242 786 359 815">115.403(f):</p> <p data-bbox="242 844 1492 940">A review of the Agency's website reveals that all three Final Audit Reports were posted to its website within 90 days of its issuance by the auditor. Centre, Inc. has an agency website (www.centreinc.org) and has a page dedicated to the posting of PREA-related information (www.centreinc.org/prea/).</p> <p data-bbox="242 1023 1476 1088">The Residential Transitional Reentry Center for Females (Westrac) Final Audit Report completed March 20, 2020 is located at the following address: PREA — Centre, Inc. (centreinc.org).</p> <p data-bbox="242 1171 1444 1236">The Residential Transitional Reentry Center for Males (123 15th Street) Final Audit Report completed March 20, 2020 is available at the aforementioned web address.</p> <p data-bbox="242 1319 1332 1384">The Mandan Residential Re-entry Centre Final Audit Report completed on August 28, 2017 is available at the aforementioned web address.</p> <p data-bbox="242 1467 1396 1532">The Grand Forks Residential Transition Program Final Audit Report completed on August 1, 2018 is available at the aforementioned web address.</p> <p data-bbox="242 1615 1476 1680">During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator informed this auditor that all Final Audit Reports are immediately posted on Centre's website.</p> <p data-bbox="242 1762 1492 1895">Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision and exceeds this standard. The agency has a dedicated PREA page on its agency website that makes available not only Final Audit Report to the general public but also memorandums of understanding with various local police departments, policy and procedures, relevant PREA notices, and its Annual Report.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	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?	yes

115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the 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 the 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 questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.218 (b)	Upgrades to facilities and technology	
	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 any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na

115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (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 confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	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?	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
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	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.)	na
	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 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.)	na
	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.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (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 is 70 days per 115.252(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
115.252 (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 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

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	no
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	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?	no
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information 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 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 regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. 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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are 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
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	no
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	no
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(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. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 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 § 115.287 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 § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes