

# PREA Facility Audit Report: Final

**Name of Facility:** Grand Forks Residential Transitional Programs

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 07/15/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Dave Andraska	<b>Date of Signature:</b> 07/15/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Andraska, Dave
<b>Email:</b>	ddafalls@hotmail.com
<b>Start Date of On-Site Audit:</b>	06/20/2022
<b>End Date of On-Site Audit:</b>	06/21/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Grand Forks Residential Transitional Programs
<b>Facility physical address:</b>	201 S 4th Street, Grand Forks, North Dakota - 58201
<b>Facility mailing address:</b>	Centre Inc., PO Box 1269, Fargo, North Dakota - 58107-1269

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

Facility Director	
<b>Name:</b>	Kelly Anttila
<b>Email Address:</b>	kellyan@centreinc.org
<b>Telephone Number:</b>	701-203-4727

Facility PREA Compliance Manager	
<b>Name:</b>	Kelly Anttila
<b>Email Address:</b>	kellyan@centreinc.org
<b>Telephone Number:</b>	O: (701) 203-4727

Facility Characteristics	
<b>Designed facility capacity:</b>	28
<b>Current population of facility:</b>	20
<b>Average daily population for the past 12 months:</b>	22
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	18-68
<b>Facility security levels/resident custody levels:</b>	Residential Reentry
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	15
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	10
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	1

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

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

**Agency-Wide PREA Coordinator Information**

<b>Name:</b>	Chris Shotley	<b>Email Address:</b>	chrissh@centreinc.org
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**SUMMARY OF AUDIT FINDINGS**

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

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

**Number of standards exceeded:**

3	<ul style="list-style-type: none"> <li>• 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</li> <li>• 115.213 - Supervision and monitoring</li> <li>• 115.241 - Screening for risk of victimization and abusiveness</li> </ul>
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**Number of standards met:**

38

**Number of standards not met:**

0

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-06-20
2. End date of the onsite portion of the audit:	2022-06-21

### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	JDI, CVIC

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	28
15. Average daily population for the past 12 months:	22
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	19
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	15
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Interviewed 15 out of 19 current residents (80%) Top three population characteristic averages are 52 % Caucasian 25% Native American, 10% Hispanic.. Interviewed residents from each of these groups
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This auditor reviewed confidential case files for all residents at the facility and also interviewed residents and staff at the facility. No residents in this targeted category were discovered.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This auditor reviewed confidential case files for all residents at the facility and also interviewed residents and staff at the facility. No residents in this targeted category were discovered.</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This auditor reviewed confidential case files for all residents at the facility and also interviewed residents and staff at the facility. No residents in this targeted category were discovered.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This auditor reviewed confidential case files for all residents at the facility and also interviewed all residents and staff at the facility. No residents in this targeted category were discovered.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This auditor reviewed confidential case files for all residents at the facility and also interviewed all residents and staff at the facility. No residents in this targeted category were discovered.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This auditor reviewed confidential case files for all residents at the facility and also interviewed all residents and staff at the facility. No residents in this targeted category were discovered.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>



<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor reviewed confidential case files for all residents at the facility and also interviewed all residents and staff at the facility. No residents in this targeted category were discovered.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor reviewed confidential case files for all residents at the facility and also interviewed all residents and staff at the facility. No residents in this targeted category were discovered.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor reviewed confidential case files for all residents at the facility and also interviewed all residents and staff at the facility. No residents in this targeted category were discovered.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Per observation and discussion with the Facility Director, the facility does not have a segregated housing unit.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>6</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>

74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	8
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Agency contract administrator</li> <li><input type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</li> <li><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</li> <li><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</li> <li><input type="checkbox"/> Medical staff</li> <li><input type="checkbox"/> Mental health staff</li> <li><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</li> <li><input checked="" type="checkbox"/> Administrative (human resources) staff</li> <li><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</li> <li><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</li> <li><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</li> <li><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</li> <li><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</li> <li><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</li> <li><input checked="" type="checkbox"/> First responders, both security and non-security staff</li> <li><input checked="" type="checkbox"/> Intake staff</li> <li><input type="checkbox"/> Other</li> </ul>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input checked="" type="radio"/> No</li> </ul>
<p><b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input checked="" type="radio"/> No</li> </ul>
<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>Interviewed three agency staff and four facility staff.</p>

**SITE REVIEW AND DOCUMENTATION SAMPLING**

## Site Review

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

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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### Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	<p>During the site review, this auditor verified the cross-gender announcements were made by staff when entering Resident rooms. This auditor verified that notice of audit was posted, PREA information and signage was posted and inspected all areas for blind spots and cross-gender viewing capabilities.</p>
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## Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	<p>During the on-site review this auditor reviewed employee files for PREA questions, criminal history checks, and reference checks. The auditor reviewed ten employee training files for initial and annual PREA training. This auditor reviewed one investigative files, and 14 resident files for initial intake screenings, 30-day reassessments, initial PREA information at intake, and comprehensive PREA education.</p>
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# SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

## Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	1	1	1
Staff-on-inmate sexual abuse	0	0	0	0
<b>Total</b>	1	1	1	1

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
<b>Total</b>	0	0	0	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	1	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
<b>Total</b>	1	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	1	0
Staff-on-inmate sexual abuse	0	0	0	0
<b>Total</b>	0	0	1	0

**Sexual Harassment Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:

1

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<b>Staff-on-inmate sexual abuse investigation files</b>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>No allegations</p>



<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) </p>
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**Inmate-on-inmate sexual harassment investigation files**

<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
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<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
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**Staff-on-inmate sexual harassment investigation files**

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
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<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
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<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>
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**SUPPORT STAFF INFORMATION**

**DOJ-certified PREA Auditors Support Staff**

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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**Non-certified Support Staff**

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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**AUDITING ARRANGEMENTS AND COMPENSATION**

<p>121. Who paid you to conduct this audit?</p>	<p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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## 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	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses</li> <li>b. Sexual Abuse/Assault/Harassment Prevention &amp; Intervention Policy P-19</li> <li>c. Centre, Inc. Organizational Chart</li> <li>d. Centre, Inc. Website: <a href="http://centreinc.org/PREA/">http://centreinc.org/PREA/</a></li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. PREA Compliance Officer</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Observations during on-site review of physical plant</li> </ol> </li> </ol> <p>Findings:</p> <p>115.211(a):  During the pre-onsite portion of this audit, the Facility provided Policy P-19: Sexual Abuse/Assault/Harassment Prevention &amp; Intervention in support of their compliance with this standard in its PAQ responses. This is a written 16 page policy that mandates zero tolerance toward all forms of sexual activity, including sexual abuse and sexual harassment. Policy P-19, section I(A) establishes "Centre Inc. mandates zero tolerance towards all forms of sexual abuse". Policy P-19 also includes several major elements. These elements include: 1. Prevention; 2. Detection; and 3. Responding. The Policy elaborates on these three "major elements" throughout the policy: 1) Section I(B)(1)–(2) further establishes expectations regarding prevention; 2) Section I(B)(a)–(c) provides protocol around the supervision, monitoring, and detection; and 3) Section II(C), (D), &amp; (G) establishes protocols for the reporting, investigation, discipline and prosecution of allegations. Additionally, Policy 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. Centre, Inc. has an agency website (<a href="http://www.centreinc.org">www.centreinc.org</a>) and has a page dedicated to the posting of PREA-related information.</p> <p>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. Policy P-19, section 1(A) establishes, "The Director of Operations serves as the agency's PREA Coordinator and is responsible for overseeing the agency's efforts to comply with PREA standards." The agency's organizational chart reveals that the Director of Operation reports directly to the Executive Director who reports to the Board of Directors. During the onsite portion of this audit, the auditor interviewed the PREA Coordinator. In response to whether he felt that he 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.</p> <p>Policy P-19, section I(A) also establishes, "Each of Centre Inc.'s facilities / programs that house offender clients will designate an on-site PREA Compliance Officer. The Program Director / Manager at each location will serve as the PREA Compliance Officer. This staff person will be responsible for the following:</p> <p>Ensure facility's compliance with PREA Standards. Focus on prevention through assuring all staff completes the required up-to-date training and monitor fidelity to policy addressing prevention through quality control. Encourage all staff to detect and report any and all potential situations pertaining to sexual abuse/harassment and monitor fidelity to policy addressing detection through quality control. Respond to, investigate, document and review all reports. Process all incidents with the Director of Operations - PREA Coordinator."</p> <p>During the onsite portion of this audit, the auditor interviewed the PREA Compliance Officer. In response to whether she felt that she had enough time to manage all PREA-related responsibilities, the PREA Coordinator responded: "Yes, I get a lot of</p>

assistance and guidance from the PREA Coordinator.”

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all provisions and exceeds this standard. It was apparent that Grand Forks Transition is fully committed to zero tolerance of sexual abuse and sexual harassment. They have a designated PREA Compliance Officer and the Agency has a page dedicated to the posting of PREA-related information.

115.212	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.)       <ol style="list-style-type: none"> <li>a. Centre, Inc. PAQ responses</li> </ol> </li> <li>2. Interviews       <ol style="list-style-type: none"> <li>a. Centre, Inc. Executive Director</li> </ol> </li> <li>3. Site Review Observations:       <ol style="list-style-type: none"> <li>a. Observations during on-site review of physical plan</li> </ol> </li> </ol> <p>Findings:</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 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” 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 all provisions of this standard.</p>

115.213	<b>Supervision and monitoring</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.)       <ol style="list-style-type: none"> <li>a. Centre, Inc. PAQ responses</li> <li>b. Sexual Abuse/Assault/Harassment Prevention &amp; Intervention Policy P-19</li> </ol> </li> <li>2. Interviews       <ol style="list-style-type: none"> <li>a. Facility Director, or Designee</li> <li>b. PREA Coordinator</li> </ol> </li> <li>3. Site Review Observations:       <ol style="list-style-type: none"> <li>a. Observations during on-site review of physical plant</li> <li>b. Reviewed PREA Compliant Staffing Plan Binder</li> </ol> </li> </ol> <p>Findings:</p> <p>115.213(a)&amp;(c):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with 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 22 since its last PREA Audit. The facility further provided the average daily population of 28 on which the staffing plan was predicated. Policy P-19, section I(B)(2 a-c) establishes "(a) Centre Inc. develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, Administrators take into consideration:</p> <ol style="list-style-type: none"> <li>(1) The physical layout of each facility;</li> <li>(2) The composition of the resident population;</li> <li>(3) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and</li> <li>(4) Any other relevant factors.</li> </ol> <p>(b) In circumstances where the staffing plan is not complied with, the Director of Operations will document and justify all deviations from the plan.</p> <p>(c) Whenever necessary, but no less frequently than once each year, the Director of Operations shall assess, determine, and document whether adjustments are needed to:</p> <ol style="list-style-type: none"> <li>(1) The staffing plan established pursuant to paragraph (a) of this section;</li> <li>(2) Prevailing staffing patterns;</li> <li>(3) The facility's deployment of video monitoring systems and other monitoring technologies; and</li> <li>(4) The resources the facility has available to commit to ensure adequate staffing levels." <p>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 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. 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.</p> <p>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 dated 2/23/22. 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. 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</p> </li></ol>

numbers and types of positions and video monitoring equipment needed, and the manner in which they are deployed within each facility.

115.213(b):

During the pre-onsite portion of this audit, the Facility indicated N/A in this provision in its PAQ responses. The facility indicated no deviations from the staffing plan. During the on-site portion of this audit, this auditor interviewed the Facility Director. The Facility Director confirmed that there have been no deviations from the staffing plan.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all provision and exceeds this standard. The Agency's PREA Compliant Staffing Plan Binder is an outstanding and detailed document that analyzes the staffing needs.



115.215	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Centre, Inc. PAQ responses</li> <li>b. Searches Policy P-18</li> <li>c. Sexual Abuse/Assault /Harassment Prevention &amp; Intervention Policy P-19</li> <li>d. Staffing Training Rosters</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Random Staff</li> <li>b. Random Residents</li> <li>c. PREA Coordinator/Director of Operations</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Observations during on-site review of physical plant</li> </ol> </li> </ol> <p>Findings:</p> <p>115.215(a):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with 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 but these types of searches are covered in policy. The Facility provided this auditor Policy P-18: Searches. Policy P-18, section F establishes, "Two or more staff of the same gender as the client must be present to conduct [a strip] search . . . conduct this search away from the view of all other gender staff persons, residents, or visitors" Section G of P-18 further establishes, "If 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" 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>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. All residents 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 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. Staff also reported female staff are not allowed to do any type of body searches of the residents. Policy P-18 prohibits cross-gender pat down searches of residents.</p> <p>115.215(b):</p> <p>During the pre-onsite portion of this audit, the Facility indicated N/A for this provision in its PAQ responses and reported the facility does not house female residents.</p> <p>115.215(c):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and indicated, these types of searches are prohibited, however if they occurred for whatever reason, it is required that all searches are documented by completing a Report of Significant Incident The Facility does not house female residents.</p> <p>115.215(d):</p> <p>During the pre-onsite portion of this audit, the Facility provided this auditor with Policy P-19: Sexual Abuse/Assault/Harassment Prevention &amp; Intervention. Policy P-19 section I(A) establishes, "Staff of the opposite gender are required to announce their presence when entering resident sleeping rooms and bathrooms. Maintenance personnel must announce their presence prior to entering resident sleeping rooms and bathrooms.Except in the case of emergency or other extraordinary or unforeseen circumstances, Centre Inc. restricts cross-gender viewing by non-medical staff of residents/clients who are nude or performing bodily functions."</p> <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."</p> <p>During the onsite portion of this audit, this auditor interviewed 15 residents and ten staff. All 15 residents interviewed reported that staff knock and announce their presence prior to entering their bedroom.. Additionally, all 15 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</p>

also made observations and engaged informal conversations with residents and staff while conducting the facility tour. This auditor observed staff announcing their presence when entering a resident's bedroom. 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 ten staff interviewed reported that they announce their presence when entering a resident's bedroom or when entering the bathroom. Likewise, all ten staff reported that residents are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

115.215(e):

During the pre-onsite portion of this audit, the Facility provided this auditor with Policy P-19: Sexual Abuse/Assault/Harassment Prevention & Intervention and indicated compliance in this provision. Policy P-19, section I(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"

During the onsite portion of this audit, this auditor conducted ten 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.

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 Policy P-18. Policy P-18, section E establishes protocol on how to conduct a pat-down search, additionally, it establishes that cross-gender pat-down searches of residents are prohibited" Policy P-19, section During the onsite portion of this audit, this auditor interviewed ten staff. All 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 11 staff training files revealed that all 11 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 all provisions of this standard.

115.216	<b>Residents with disabilities and residents who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses</li> <li>b. Referral, Admissions, Intake &amp; Orientation Process Policy P-11</li> <li>c. Sexual Abuse/Assault/Harassment Prevention &amp; Intervention Policy P-19</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. Random Staff</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Observations during on-site review of physical plant</li> </ol> </li> </ol> <p>Findings:</p> <p>115.216(a)-(b):</p> <p>During the pre-onsite portion of this audit, the Facility provided this auditor with Policy P-11: Referral, Admissions, Intake &amp; Orientation Process Policy and Policy P-19 Sexual Abuse/Assault/Harassment Prevention &amp; Intervention and indicated compliance with this provision. Policy P-11, section I establishes, "When a literacy or communication problem exists, staff will assist the resident with understanding the material. If the resident does not understand English, staff will notify the Program Director/Manager. Residents receive written orientation materials and the Program Director/Manager will obtain and arrange for access to translation services for the resident if they do not understand English." Policy P-19, section II(A)(3) establishes, "Appropriate provisions will be made as necessary for clients with limited English proficiency, clients with disabilities and clients with low literacy levels" 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>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>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 having a physical disability; who are blind, deaf, or hard of hearing; who are limited English proficient; or with a cognitive disability. 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 I 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.</p> <p>115.216(c):</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/Harassment Prevention &amp; Intervention and indicated compliance in this provision. Policy P-19, section II(A)(3) establishes, "The agency will not rely on resident interpreters, resident readers or other types of resident assistants" The facility indicated that they would document 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 12 months.</p> <p>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.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.</p>

115.217	<b>Hiring and promotion decisions</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 304 1010 734" style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses</li> <li>b. Employee Recruitment/Filling a Job Vacancy &amp; Background Check PE-5</li> <li>c. P-19: Sexual Abuse/Assault/Harassment Prevention &amp; Intervention</li> <li>d. Background check records</li> <li>e. Personnel files or persons hire or promoted in the past 12 months</li> <li>f. Application for Employment</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Administrative/Human Resources Staff</li> <li>b. Informal interviews with staff during site review</li> <li>c. PREA Coordinator/Director of Operations</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Observations during on-site review of physical plant</li> </ol> </li> </ol> <p data-bbox="240 766 336 792">Findings:</p> <p data-bbox="240 819 400 846">115.217(a)&amp;(c):</p> <p data-bbox="240 851 1473 1214">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 &amp; Background Check. Policy PE-5 establishes, "All 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" It additionally establishes "In 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" 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> <p data-bbox="240 1245 1489 1572">The Facility indicated that there were five 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 five personnel file reviews selected at random. Of these five personnel files, none required institutional reference check forms to be completed. Of the five personnel files, one individual was promoted within the past 12 months. All personnel files contained National Crime Information Center (NCIC) criminal background checks for those employees. 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 form. 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.</p> <p data-bbox="240 1603 1485 1800">During the onsite portion of this audit, this auditor interviewed human resources staff. The staff person reported they utilize an online service called checkr to complete background checks. This staff person also 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.</p> <p data-bbox="240 1832 360 1859">115.217(b):</p> <p data-bbox="240 1863 1473 2024">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. Policy PE-26, section I establishes, "It 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> <p data-bbox="240 2056 1477 2150">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</p>

background checks for new employees and contractors, current employees' personnel files are reviewed when making determinations for promotion.

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. Policy PE-5 establishes, "All 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" 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"

The facility reported that in the past 12 months, there were two 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 the Facility Director that informed this auditor that a staff person always accompanies them during their visit.

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. Policy 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"

During the onsite portion of this audit, this auditor conducted five personnel file reviews. Two of the files reviewed were of employees that had been employed for longer than five years. The files did not contain a five year criminal background checks.

Corrective Action:

1. Complete five year background check for all applicable employees.
2. Develop policy and implement protocols that more thoroughly describe the roles of agency staff and the investigating entity during the entire duration of the investigation.

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 (e) of this standard.

On June 29, 2022, the Human Resource Generalist provided a copy of the five year background checks completed for the two employee that were run through Checkr. He further indicated Centre, Inc. will soon have a process in place to assist with reminders to complete new background checks after five years as we also are in the process of switching to a new HCM/HRIS (Paycom), which will go live in September, and the new system will allow us to set employee notifications (our current one doesn't), so background checks at five years will be included in that to ensure we don't miss them in the future.

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 persons 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 five personnel file reviews selected at random. Of these five 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).

115.217(g):

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. Policy PE-5 establishes, "Falsifying any information on an application will be grounds for not hiring and or other disciplinary action up to and including termination"

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 now fully compliant with all provisions of this standard and that the agency has been able to remedy any previously identified deficiency.

115.218	<b>Upgrades to facilities and technology</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 304 1015 566" style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses</li> <li>b. Sexual Abuse/Assault/Harassment Prevention &amp; Intervention Policy P-19</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. Facility Director of Designee</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Observations during on-site review of physical plant</li> </ol> </li> </ol> <p data-bbox="242 598 336 627">Findings:</p> <p data-bbox="242 629 360 658">115.218(a):</p> <p data-bbox="242 663 1481 824">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. Policy P-19, section I(A) establishes, "When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse."</p> <p data-bbox="242 855 1461 1016">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.</p> <p data-bbox="242 1048 360 1077">115.218(b):</p> <p data-bbox="242 1081 1452 1209">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. Policy P-19, section I(A) establishes "When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse."</p> <p data-bbox="242 1240 1461 1534">During the onsite portion of this audit, this auditor interviewed the Agency Head (Executive Director of Centre, Inc.) as well as the Facility Director. The Executive Director reported that Centre Inc. has a newly installed camera surveillance system that was installed in 2020. 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 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. 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 was clear.</p> <p data-bbox="242 1565 1457 1626">Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.</p>

115.221	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses</li> <li>b. Referral, Admissions, Intake &amp; Orientation Process Policy P-11</li> <li>c. Sexual Abuse/Assault/Harassment Prevention &amp; Intervention Policy P-19</li> <li>d. Memorandum of Understanding between Centre, Inc. and Grand Forks Police Department</li> <li>e. Memorandum of Understanding between Centre, Inc. and Community Violence Intervention Center (CVIC)</li> <li>f. Centre Inc. Coordinated Responses to PREA Incidents</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Random Staff</li> <li>b. PREA Coordinator</li> <li>d. CVIC</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Observations during on-site review of physical plant</li> </ol> </li> </ol> <p>Findings:</p> <p>115.221(a):  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/Harassment Prevention &amp; Intervention. The facility indicated in the PAQ that the agency/facility is responsible for conducting administrative investigations. The facility reported that the Grand Forks Police Department is the agency that has responsibility for criminal investigations.</p> <p>During the onsite portion of this audit, this auditor interviewed the lead agency investigator. The agency investigator informed this auditor that in the event of an allegation of sexual abuse, the Grand Forks 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.</p> <p>115.221(b):  During the pre-onsite portion of this audit, the facility provided this auditor with a Memorandum of Understanding with the Grand Forks Police Department that indicates the Grand Forks Police Department agrees to utilize 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. The facility does not house residents under the age of 18.</p> <p>115.221(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/Harassment Prevention &amp; Intervention. Policy P-19, 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" The facility also provided this auditor with Centre Inc.'s "Coordinated Response to PREA Incidents." The flow chart provides that staff shall encourage SANE exam if warranted. The facility reported that there have been no forensic medical examinations conducted in the reporting time period.</p> <p>115.221(d):  During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided documentation of a Memorandum of Understanding between Centre, Inc. and CVIC. CIVIC is located in a building adjacent to the Centre's Grand Forks facility. During the onsite portion of this audit, this auditor interviewed the agency's PREA Coordinator and an executive-level representative of CVIC. The PREA Coordinator reported, Centre Inc. has a MOU with CVIC and services are available 24 hours per day and 365 days per year. A representative from CVIC reported that the two agencies have a formal agreement for victim advocate services.</p> <p>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.</p> <p>115.221(e):  During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with</p>



Policy P-19: Sexual Abuse/Assault/Harassment 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"

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.

115.221(f):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with a Memorandum of Understanding between Centre, Inc. and the Grand Forks Police Department. The MOU establishes that the Grand Forks Police Department "utilizes 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."

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 CVIC. Based upon the review of the MOU and Interviews, 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.

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

115.222	<b>Policies to ensure referrals of allegations for investigations</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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/Harassment Prevention & Intervention Policy P-19
  - c. Memorandum of Understanding between Centre Inc. and Grand Forks Police Department
  - d. Agency Website: <http://centreinc.org/prea>
  - e. Investigative Files
2. Interviews
  - a. Centre, Inc. Executive Director
  - b. Investigative Staff
3. Site Review Observations:
  - a. Observations during on-site review of physical plant

Findings:

115.222(a):

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/Harassment Prevention & Intervention. Policy P-19, section II(D) establishes the protocols for Investigations of Non-Consensual Sexual Acts, Abusive Sexual Contacts, Client Sexual Harassment, Staff Sexual Misconduct, or Staff Sexual Harassment. Centre Inc. has documented procedures that ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 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. Upon review, one of the investigations was determined not be a PREA related incident. The Agency reported that all allegations resulted in the completion of an administrative investigation and were referred to the Grand Forks Police Department for a criminal investigation.

The allegation of a resident-on-resident sexual abuse was received from an external source (North Dakota Dept. of Corrections). The allegation was investigated and the administrative investigation determined it to be unsubstantiated. The criminal investigation is listed as inactive as the victim refused to cooperate with the Grand Forks Police Department.

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 progress and outcome of the investigation. 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.

115.222(b)-(c):

Policy P-19 section II(D) establishes that "[a]n investigation is conducted and documented whenever a sexual assault or threat is reported and 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 lines. Section II(D)(7) further establishes that upon receipt of an allegation of sexual harassment, "If 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." A Memorandum of Understanding between Centre, Inc. and the Grand Forks Police Department establishes that the Grand Forks Police Department "will provide necessary law enforcement investigation pertaining allegations of sexual abuse /harassment/assault occurring at [the Facility]." The MOU between Centre Inc. and the Grand Forks Police Department delineates the responsibilities of the agency and the investigating entity after the case has been referred for criminal investigation. Both Policy P-19 as well as a Memorandum of Understanding between Centre, Inc. and the Grand Forks Police Department are published on the Agency's website, found at: <http://centreinc.org/prea/>.

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

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

115.231	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

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/Harassment Prevention & Intervention Policy P-19
  - c. PREA Compliant Staffing Plan binder
  - d. Relias Learning Training Abstracts
  - e. Signed Employee Acknowledgement forms
2. Interviews
  - a. Random Staff
  - b. PREA Coordinator/Director of Operations
3. Site Review Observations:
  - a. Observations during on-site review of physical plant

Findings:

115.231(a):

During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault/Harassment Prevention & Intervention in support of their compliance with this standard in its PAQ responses. Policy P-19 section I(A) establishes, "Centre Inc. mandates zero tolerance towards all forms of sexual abuse" Section II(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;

(4.) All training will be documented."

(Section II(D)(8)(f) establishes "Employees are prohibited from any form of retaliation against a client who makes an allegation of staff sexual misconduct or staff sexual harassment" Section II(F) establishes "Retaliation of any kind against any person (residents, staff, volunteers, visitors etc.) will not be tolerated." 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 all the required training elements of this provision. Staff are also required to watch the PREA video.

During the onsite portion of this audit, this auditor interviewed ten staff and conducted 11 training file reviews. All ten staff informed this writer that they had received training in each of the enumerated required elements required under this standard.

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.

115.231(c):

During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault/Harassment Prevention & Intervention in support of their compliance in this standard in its PAQ responses. Policy P-19, section II(H)(3) establishes, "Employees will receive refresher training/review of the policy and procedure will be conducted on an annual basis thereafter" The facility indicated PREA training is scheduled on an annual basis at The facility. During the onsite portion of this audit, the auditor selected 11 random training files to review. Of the 11 training files reviewed, 3 were for employees who were at the facility for more than one year and evidenced completion of an annual refresher PREA trainings.

115.231(d):

During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault/Harassment Prevention & Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Policy P-19 section II(H)(4) establishes, "All training will be documented" 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 training 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 training and print a master list of completed training per employee.

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

115.232	<p><b>Volunteer and contractor training</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses</li> <li>b. Sexual Abuse/Assault/Harassment Prevention &amp; Intervention Policy P-19</li> <li>c. Prison Rape Elimination Act (PREA) Compliance Acknowledgment (Contractors, Venders and Volunteers)</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Facility Director</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Observations during on-site review of physical plant</li> </ol> </li> </ol> <p>Findings:</p> <p>115.232(a),(b),(c):</p> <p>During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault/Harassment Prevention &amp; Intervention in support of their compliance in this standard in its PAQ responses. Section II(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" Facility indicated that it did not have any volunteers or contract staff but has 10 vendors or contractors who may have contact with residents. The Facility also provided me a copy of a form executed by each vender or contractor titled Prison Rape Elimination Act (PREA) Compliance Acknowledgment (Contractors, Venders and Volunteers). During the onsite portion of this audit, A review of the form 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, vendors and volunteers are required to read and sign acknowledgement that they read and understand P-19: Sexual Abuse/Assault/Harassment Prevention &amp; Intervention Policy and Procedure. The Facility Director reported vendors or contractors are under staff escort while in the facility. There were no vendors or contractors available to interview during the on-site audit.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.</p>
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115.233	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses</li> <li>b. Resident Handbook</li> <li>c. PREA Video</li> <li>d. Resident Confidential Case Files</li> <li>e. Sexual Abuse/Assault/Harassment Prevention &amp; Intervention Policy P-19</li> <li>f. Referral, Admissions, Intake, &amp; Orientation Processing Policy P-11</li> <li>g. An Overview for Clients on Sexual Abuse/Assault/Harassment Prevention and Intervention Signature Acknowledgment Page</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Intake Staff</li> <li>b. Random Residents</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Observations during on-site review of physical plant</li> <li>b. PREA education materials/posted PREA Notices</li> </ol> </li> </ol> <p>Findings:</p> <p>115.233(a) &amp; (d):</p> <p>During the pre-onsite portion of this audit, the Facility provided this auditor with Policy P-11: Referral, Admissions, Intake &amp; Orientation Process Policy and Policy P-19 Sexual Abuse/Assault/Harassment Prevention &amp; Intervention along with other documentation and indicated compliance with this provision. Policy P-11, section II(h) establishes that upon a resident admission "On-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 electronically. If the acknowledgement is completed on paper, a copy is placed in the resident's case file". 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.</p> <p>The facility indicated that over the past 12 months 118 residents were admitted and given this information at intake. During the onsite portion of the audit, the auditor interviewed intake staff. Intake Staff in this facility are Residential Counselors and Case Managers. Upon admission, the resident is provided and reviews with staff the orientation binder that includes the PREA-related materials. 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. 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.</p> <p>Fifteen residents were formally interviewed during the onsite portion of this audit. During random resident interviews, residents were asked specifically if they received information on 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 answered that they received all of the above-listed information and that staff did so within hours of them arriving to the facility. A random sample of 14 resident files were selected of active and past 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/Harassment Prevention and Intervention Signature Acknowledgment Page.</p> <p>115.233(b):</p> <p>Centre's Policy P-11: Referral, Admissions, Intake, &amp; 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 full orientation was completed upon intake for all but two residents who were transferred from another Centre facility during the past 12 months. The facility provided information regarding the two transfers and is now aware that full orientation should have been completed.</p> <p>115.233(c):</p>

Policy P-19, section II(A)(3) establishes "Appropriate 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." During the onsite portion of the audit, this auditor reviewed resident education materials provided to the residents (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. On the first day of the onsite portion of the audit, the facility indicated they currently had no residents with physical disabilities, a cognitive disability, or who were limited-English proficient. The PREA Coordinator indicated this is typical of the population the facility receives. Therefore they were no target group residents to interview.

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. Additionally, while onsite the auditor requested and was provided with a copy of the Resident Handbook.

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



115.234	<b>Specialized training: Investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses</li> <li>b. PREA Grant Project Training Certificate</li> <li>c. NCIC Training Certificate of Completion</li> <li>d. North Dakota Department of Corrections and Rehabilitation Moss Group training completion memorandum</li> <li>e. Program Description of the 20-hour PREA Investigator Training facilitated by The Moss Group</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Investigative Staff</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Observations during on-site review of physical plant</li> </ol> </li> </ol> <p>Findings:</p> <p>115.234(a)-(c):  During the onsite portion of this audit, the Facility provided this auditor with a training certificates for four facility staff, and one agency staff indicating completion of specialized investigator training titled: Investigating Sexual Misconduct: Training for Correctional Investigators hosted by the North Dakota Department of Corrections developed by The Moss Group held on June 9-10, 2022.</p> <p>During the onsite portion of the audit, this auditor interviewed the agency's lead investigator. He indicated that in addition to the recent training listed above, he had previously 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 certificates of completion. All five investigators In addition to general PREA training, completed specialized investigation training. The training 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 certificates and course descriptions.</p> <p>115.234(d): the Auditor is not required to audit 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 all applicable provisions of this standard.</p>

115.235	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.)       <ol style="list-style-type: none"> <li>a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses</li> <li>b. Staff List</li> </ol> </li> <li>2. Interviews       <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> </ol> </li> <li>3. Site Review Observations:       <ol style="list-style-type: none"> <li>a. Observations during on-site review of physical plant</li> </ol> </li> </ol> <p>Findings:</p> <p>115.235(a)-(d):</p> <p>During the pre-onsite portion of this audit, the Facility indicated that Centre, Inc. does not employ medical or mental health staff. 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. The PREA Coordinator also confirmed that Centre, Inc. does not have any medical or mental health practitioners under contract or volunteering at the facility. A review of the staff list provided ad a current list of contractors and volunteers revealed no medical or mental health staff listed.</p> <p>.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that these provisions are not applicable to this agency.</p>

115.241	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses</li> <li>b. Sexual Abuse/Assault/Harassment Prevention &amp; Intervention Policy P-19</li> <li>c. Referral, Admissions, Intake, &amp; Orientation Processing P-11</li> <li>d. Centre, Inc. Initial Assessment/Re-Assessment Prison Rape Elimination Act (PREA)</li> <li>e. Resident confidential case files</li> <li>f. Resident Log and Classification Notification</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Random Residents</li> <li>b. Staff responsible for risk screening</li> <li>c. Random Staff</li> <li>d. PREA Coordinator/Director of Operations</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Observations during on-site review of physical plant</li> </ol> </li> </ol> <p>Findings:</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/Harassment Prevention &amp; Intervention in support of their compliance with this standard in its PAQ responses. Policy P-19, section I(A) establishes, "Centre will act to prevent and/or reduce sexual assault of clients through . . . screening [and] assessment" Section II(B)(1) establishes, "Clients will be screened within 48 hours of arrival at all residential facilities for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior" The facility indicated that over the past 12 months 115 residents were admitted and 99.1% of which were reported to have been screened within 48 hours of their entry into the facility.</p> <p>During the onsite portion of this audit, this auditor reviewed 14 random resident confidential case files. All 14 files indicated that the resident completed "Centre Inc. Initial Assessment/Re-Assessment PREA" on the either the date of admission day to the facility or the following day. 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 15 residents. All residents reported that staff conducted this questionnaire within 24 hours of their arrival to the facility. This auditor also interviewed staff responsible for risk screening (Case Managers). The resident meets with his assigned case manager within 48hrs, who reviews the risk screening in preparation for a risk/needs assessment in order to inform an individualized treatment plan for that resident. Two Case Managers were interviewed and 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.</p> <p>115.241(c):</p> <p>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 if question 1 is scored yes the offender is a Known Victim, if three or more [vulnerability factors] questions are scored yes, the resident is a Potential Victim" and if two or less are scored yes, the offender is Unrestricted" (same scoring 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.</p> <p>115.241(d)-(e):</p> <p>A review of the facility's risk screening tool, titled: "Centre Inc. Initial Assessment/Re-Assessment PREA," establishes that it assesses the following:</p> <p>Vulnerability Factors:</p> <ol style="list-style-type: none"> <li>1) Does the resident have a history of being a victim of predatory or aggressive sexual actions in an institutional setting?</li> <li>2) Does the resident have any history of being a victim of predatory or aggressive sexual actions including domestic violence?</li> <li>3) Is the resident younger than 25 or older than 64?</li> <li>4) Is the male resident small in stature (height of 5'6" or less or weigh 140 lbs or less)?</li> <li>5) Is the female resident small in stature (height of 5' or less or weigh 100 lbs or less)?</li> <li>6) Is the resident intellectually/cognitively challenged, mentally ill, have a physical or medical disability, or a mental health</li> </ol>

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)?

the facility's risk screening tool, titled: "Centre Inc. Initial Assessment/Re-Assessment PREA 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.

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 PAQ responses. Policy P-11, section Section 5 establishes "T]he Case Manager will complete the PREA Risk Re-Assessment within 25 days of arrival to facility". The facility indicated that over the past 12 months 81 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. During the onsite portion of the audit, this auditor conducted 14 random resident confidential file reviews, ten of which were for residents currently in the facility longer than 30 days. All ten files contained re-assessments within 30 days after a resident's arrival at the facility. This auditor interviewed 15 random residents. Most residents who were at the facility for 30 or more days could recall they were asked risk screening questions after their initial intake by their case managers. 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.

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 PAQ responses. Policy P-11, section 5(ii) establishes, "If 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" 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"

During the onsite portion of the audit, this auditor interviewed two case managers. 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.

115.241(h):

During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault/Harassment Prevention & Intervention in support of their compliance in this standard in its PAQ responses. Attachment A of Policy P-19 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]" During the onsite portion of the audit, this auditor interviewed two case managers. Both case managers indicated that under no circumstances would a resident be disciplined for not answering any questions during the PREA screening.

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.

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility exceeds this Standard. Provisions call for a risk screening to be conducted and be conducted within 72 hours of admission. Agency procedure requires that the resident be screened within 48 hours. This facility has demonstrated that this risk screening and classification is conducted within 24 hours of a resident's arrival.



115.242	<b>Use of screening information</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses</li> <li>b. Sexual Abuse/Assault/Harassment Prevention &amp; Intervention Policy P-19</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Random Residents</li> <li>b. PREA Coordinator</li> <li>c. Staff responsible for risk screening</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Observations during on-site review of physical plant</li> </ol> </li> </ol> <p>Findings:</p> <p>115.242(a):  During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault/Harassment Prevention &amp; Intervention in support of their compliance with this standard in its PAQ responses. Attachment A Policy P-19 establishes, "The 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."</p> <p>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. Residents are under direct staff supervision while in programming.</p> <p>115.242(b):  During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault/Harassment Prevention &amp; Intervention in support of their compliance with this standard in its PAQ responses. Attachment A of Policy P-19 establishes, "The agency shall make individualized determinations about how to ensure the safety of each resident" 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> <p>115.242(c):  During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault/Harassment Prevention &amp; Intervention in support of their compliance with this standard in its PAQ responses. Attachment A of Policy P-19 establishes, "In 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> <p>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 these criteria.</p> <p>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</p>

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 not recall a transgender resident residing at this facility while this person had been an employee. As noted in provision (c), no transgender or intersex residents were in the facility to be interviewed.

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

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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 these criteria. All random residents interviewed reported that they felt safe in this program.

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

115.251	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Centre, Inc. PAQ responses</li> <li>b. Sexual Abuse/Assault/Harassment Prevention &amp; Intervention Policy P-19</li> <li>c. PREA Notice to Residential Program Participants</li> <li>d. Centre, Inc. &amp; Grand Forks Police Department MOU</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Random Residents</li> <li>b. Random Staff</li> <li>c. PREA Coordinator</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Observations during on-site review of physical plant; review of information displayed throughout the facility</li> </ol> </li> </ol> <p>Findings: :</p> <p>115.251(a): During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault/Harassment Prevention &amp; Intervention in support of their compliance with this standard in its PAQ responses. Policy P-19, section II(C)(1) establishes “Clients, uninvolved inmates, or staff (third party individuals) may report incidents of non- consensual sexual acts, abusive sexual contacts, staff sexual misconduct or staff sexual harassment to any employee of Centre, Inc. They may do this verbally or in writing to a staff person.. Attachment A policy P-19 identifies 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. The facility also provided this auditor with a PREA Notice (evidenced to be displayed throughout the facility during the site review) that indicates residents 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>During the onsite portion of this audit, this auditor interviewed ten staff and 15 residents. All staff indicated that residents can report these incidents to any staff member or their case manager. Staff also reported that residents can report in writing, verbally in person, or through a third party. 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 to their case manager or other staff in-person or through a third party..</p> <p>115.251(b): During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault/Harassment Prevention &amp; Intervention in support of their compliance with this standard in its PAQ responses. Policy P-19, section II(A)(1)(c) requires that during client orientation, residents are provided information on “Reporting 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” The facility also provided this auditor with a PREA Notice that establishes a resident can “Contact the PREA Compliance Manager at your respective facility [and provides their direct line and address], Contact Centre Inc.’s PREA Coordinator [and provides his Office line and address]; Contact the PREA Director at the Dept. of Corrections Central Office [and provides address], Contact the Bureau of Prisons Residential Reentry Manager [and provides a telephone number and address], [and] Report it directly to local law enforcement by calling 9-1-1.”</p> <p>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. The PREA Coordinator further reported that Residents may anonymously report through 3rd party individuals,, in-person, by phone and or report via unsigned written correspondence. This auditor also interviewed 15 randomly selected residents. All 15 residents indicated that they could report sexual abuse or sexual harassment to someone who does not work at this facility. The facility provided me with an MOU between Centre, Inc. and the Grand Forks Police Department. The MOU specifically states, the Grand Forks Police Department will “consider third-party and anonymous reporting”.</p> <p>115.251(c): During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault/Harassment Prevention &amp; Intervention in support of their compliance with this standard in its PAQ responses. Policy P-19, section II(D)(4)(a)(4) establishes that it is the responsibility of the person receiving the report . . . [to] document the incident as reported to you, in writing, for the investigator” The facility also provided this auditor with a PREA Notice that indicates, residents can “report</p>



[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 ten randomly selected staff and 15 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 document the report – including verbal reports. All 15 residents reported that they could make a report in writing, verbally, or by way of a third party without having to give your name.

115.251(d):

During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault/Harassment Prevention & Intervention in support of their compliance with this standard in its PAQ responses. Attachment A of Policy P-19 establishes staff may "privately report sexual abuse and sexual harassment of residents by accepting verbal, written and anonymous reports" Policy P-19, section II(H)(1)–(3) establishes, "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...and employees will receive refresher training/review of the policy and procedure will be conducted on an annual basis thereafter"

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

115.252	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.)       <ol style="list-style-type: none"> <li>a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses</li> <li>b. Grievances/Administrative Remedy (Program Participants) Policy P-7</li> <li>c. Grievance/Administrative Remedy Procedure (Resident Handbook excerpt)</li> </ol> </li> <li>2. Interviews       <ol style="list-style-type: none"> <li>a. Random Residents</li> <li>b. Facility Director</li> </ol> </li> <li>3. Site Review Observations:       <ol style="list-style-type: none"> <li>a. Observations during on-site review of physical plant</li> </ol> </li> </ol> <p>Findings:</p> <p>115.252(a):        During the pre-onsite portion of this audit, the Facility provided Policy P-7: Grievances/Administrative Remedy (Program Participants) in support of their compliance with this standard in its PAQ responses. Policy P-7, section I establishes that "The 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" 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> <p>115.252(b):        During the pre-onsite portion of this audit, the Facility provided Policy P-7: Grievances/Administrative Remedy (Program Participants) in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. Policy P-7, section I(1) establishes that "The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse" Section I(3) establishes, "The 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" The facility provided this auditor with a Resident Handbook. Section 5 of the Resident Handbook indicates there 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" The Resident Handbook also provides a blank Resident Grievance.</p> <p>115.252(c):        During the pre-onsite portion of this audit, the Facility provided Policy P-7: Grievances/Administrative Remedy (Program Participants) in support of their compliance with this standard in its PAQ responses. Policy P-7, section I(c)(1)-(2) establishes, "The 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" 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"</p> <p>115.252(d):        During the pre-onsite portion of this audit, the Facility provided Policy P-7: Grievances/Administrative Remedy (Program Participants) in support of their compliance with this standard in its PAQ responses. Policy P-7, section I(d)(1)-(3) establishes, "The 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" The Resident Handbook indicates, "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."</p> <p>The facility indicated that in the past 12 months, there were no grievances filed that alleged sexual abuse. During the onsite portion of this audit, this auditor interviewed the Facility Director who confirmed that no grievances were filed that alleged sexual abuse. This auditor did not discover any relevant grievances to review.</p>

115.252(e):

During the pre-onsite portion of this audit, the Facility provided Policy P-7: Grievances/Administrative Remedy (Program Participants) in support of their compliance with this standard in its PAQ responses. Policy P-7, section I(e)(1) establishes, "Third 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" 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" The facility indicated that in the past 12 months, there were no grievances filed that alleged sexual abuse.

115.252(f):

During the pre-onsite portion of this audit, the Facility provided Policy P-7: Grievances/Administrative Remedy (Program Participants) in support of their compliance with this standard in PAQ responses. Policy P-7, section I(f)(1)-(2) establishes, "The 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"

The facility indicated that in the past 12 months, there were no grievances filed that alleged sexual abuse. This auditor did not discover any relevant grievances to review.

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115.252(g):

During the pre-onsite portion of this audit, the Facility provided Policy P-7: Grievances/Administrative Remedy (Program Participants) in support of their compliance in this standard in its PAQ responses. Policy P-7, 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" 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 all provisions of this standard.

115.253	<b>Resident access to outside confidential support services</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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/Harassment Prevention & Intervention Policy P-19
  - c. An Overview for Clients on Sexual Abuse/Assault/Harassment Prevention and Intervention
  - d. Victim Advocate Contact Information Posters
  - e. MOU with CVIC
2. Interviews
  - a. Random Residents
3. Site Review Observations:
  - a. Observations during on-site review of physical plant; Bulletin board information

Findings:

115.253(a)-(b):

During the pre-onsite portion of this audit, the Facility provided Policy P-19: Sexual Abuse/Assault/Harassment Prevention & Intervention in support of their compliance with this standard in its PAQ responses. Policy P-19, section II(E) 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." Additionally, the facility has a resident information document titled, "An Overview for Clients on Sexual Abuse/Assault/Harassment Prevention and Intervention."

This document indicates "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" This document further provides residents with a list of local, regional, and national treatment options that include the names, addresses, and telephone numbers of these organizations.

During the onsite portion of this audit, this auditor interviewed 15 residents (there were no residents designated by facility staff as having reported prior sexual abuse). Out of these resident interviews, a majority of the residents were able to inform this auditor about outside victim advocates for emotional support services related to sexual abuse. While making observations during the site review, it revealed that a document titled, "Victim Advocate Contact Information" is located at the entrance and in common areas of the facility.

115.253(b):

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/Harassment Prevention and Intervention" in support of its compliance. Attachment A of Policy P-19: Sexual Abuse/Assault/Harassment 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" The facility also has a resident informational document titled, "An Overview for Clients on Sexual Abuse/Assault/Harassment Prevention and Intervention." This document includes, information 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" It further indicates, 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" The Victim Advocate Contact Information Posters provides contact information for national and local organizations that provide services and indicates "All contact with these services can be made in a confidential manner and telephone communications are not monitored." It further states, "Centre, Inc. personnel adhere to PREA Standard 115.251 regarding resident reporting and PREA Standard 115.261 regarding staff and agency reporting duties. Any known reports of abuse will be forwarded to law enforcement in accordance with mandatory reporting laws."

During the onsite portion of this audit, this auditor interviewed 15 residents. As indicated above, a majority of the residents, a majority of the residents were able to inform this auditor about outside victim advocates for emotional support services related to sexual abuse and aware that these communications are confidential.

115.253(c):

During the pre-onsite portion of this audit, the Facility indicated that the facility has a memorandum of understanding (MOU) with Community Violence Intervention Center (CVIC), a community service providers that are able to provide residents with emotional support services related to sexual abuse.

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

115.254	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 304 1353 533" style="list-style-type: none"> <li data-bbox="240 304 855 331">1. Documents: (Policies, directives, forms, files, records, etc.) <ol data-bbox="261 338 831 465" style="list-style-type: none"> <li data-bbox="261 338 831 365">a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses</li> <li data-bbox="261 371 421 398">b. PREA Notice</li> <li data-bbox="261 405 676 432">c. Documentation of a Third-Party Report</li> <li data-bbox="261 439 451 465">d. Agency Website</li> </ol> </li> <li data-bbox="240 472 536 499">2. Site Review Observations: <ol data-bbox="261 506 1353 533" style="list-style-type: none"> <li data-bbox="261 506 1353 533">a. Observations during on-site review of physical plant; review of information displayed throughout the facility</li> </ol> </li> </ol> <p data-bbox="240 562 336 589">Findings:</p> <p data-bbox="240 618 360 645">115.254(a):</p> <p data-bbox="240 651 1489 981">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 states, "If 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 states that "You can report it in one of the following way . . . <b>By a Third Party.</b>" 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. 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</p> <p data-bbox="240 987 1465 1048">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: <a href="http://www.centreinc.org/prea">www.centreinc.org/prea</a>.</p> <p data-bbox="240 1077 1457 1137">Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.</p>

115.261	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses</li> <li>b. Sexual Abuse/Assault/Harassment Prevention &amp; Intervention Policy P-19</li> <li>c. Reporting and Handling of Significant or Unusual Incidents Policy SP-9</li> <li>d. Reports of Sexual Abuse and Sexual Harassment</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Director or Designee</li> <li>b. PREA Coordinator</li> <li>c. Random Staff</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Observations during on-site review of physical plant</li> </ol> </li> </ol> <p>Findings:</p> <p>115.261(a):  During the pre-onsite portion of this audit, the Facility provided Policy P-19: Sexual Abuse/Assault/Harassment Prevention &amp; Intervention in support of their compliance with this standard in its PAQ responses. Policy P-19, section II(B)(6) establishes, "Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Director of Operations will be immediately notified. Attachment A of Policy P-19 establishes, "The agency shall 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, 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." 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> <p>During the onsite portion of this audit, this auditor interviewed ten 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 further 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>115.261(b):  During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault/Harassment Prevention &amp; Intervention in support of their compliance with this standard in its PAQ responses. Attachment A of Policy P-19 establishes that "Apart from reporting to designated supervisors or officials, staff shall not reveal 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."</p> <p>During the onsite portion of this audit, this auditor interviewed ten staff. All staff interviewed were aware that of 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 keep the information confidential.</p> <p>115.261(c):  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.</p> <p>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. During the onsite portion of this audit, this auditor interviewed the Facility Director and PREA Coordinator 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</p>

Services.

115.261(e):

During the pre-onsite portion of this audit, the Facility indicated that over the past 12 months, there had two allegations of sexual abuse. 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. A review of the files indicated one of the allegations was not a PREA related incident. The other allegation was received from an external source.

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 all provisions of this standard.



115.262	<b>Agency protection duties</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 304 1015 600" style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses</li> <li>b. Sexual Abuse/Assault/Harassment Prevention &amp; Intervention Policy P-19</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. Director or Designee</li> <li>c. Random Staff</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Observations during on-site review of physical plant</li> </ol> </li> </ol> <p data-bbox="242 629 336 658">Findings:</p> <p data-bbox="242 687 360 716">115.262(a):</p> <p data-bbox="242 721 1485 947">During the pre-onsite portion of this audit, the Facility provided Policy P-19: Sexual Abuse/Assault/Harassment Prevention &amp; Intervention in support of their compliance with this standard in its PAQ responses. Policy P-19, section II(B) establishes that potential victims (those at risk for being sexually victimized) will be separated from potential aggressors (those at high risk of being sexually abusive)....Clients identified at risk for sexual victimization will be referred to and assessed by a mental health or other qualified professional. Clients at risk for sexual victimization will be monitored and counseled accordingly. 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 data-bbox="242 978 1485 1272">During the onsite portion of this audit, this auditor interviewed the Executive Director, Facility Director, and 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 reported that they would relocate the alleged victim and call that resident's case manager 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.</p> <p data-bbox="242 1303 1453 1361">Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this standard.</p>

115.263	<b>Reporting to other confinement facilities</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 304 887 600" style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Centre, Inc. PAQ responses</li> <li>b. Sexual Abuse/Assault Prevention &amp; Intervention Policy P-19</li> <li>c. Investigative file</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. Director or Designee</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Observations during on-site review of physical plant</li> </ol> </li> </ol> <p data-bbox="242 629 336 658">Findings:</p> <p data-bbox="242 687 394 716">115.263(a)-(c):</p> <p data-bbox="242 721 1490 1149">During the pre-onsite portion of this audit, the Facility provided Policy P-19: Sexual Abuse/Assault Prevention &amp; Intervention in support of their compliance with this standard in its PAQ responses. Policy P-19, section II(B)(6) establishes "Upon 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." 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. Per review of documentation, the Director of the facility where the alleged abuse took place was notified within 72 hours of the allegation reported and the Executive Director followed up to ensure an investigation was completed. During the onsite portion of this audit, this auditor interviewed the Executive Director of Centre, Inc. 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.</p> <p data-bbox="242 1178 360 1207">115.263(d):</p> <p data-bbox="242 1211 1495 1541">During the pre-onsite portion of this audit, the Facility provided Policy P-19: Sexual Abuse/Assault Prevention &amp; Intervention in support of their compliance in this standard in its PAQ responses. Policy P-19, section II(B)(6) establishes, "In cases where the allegation includes Centre Inc., the allegation will be investigated in accordance with this policy" The facility reported that during the past 12 months, there was one allegation received from another facility that a resident was abused while confined at the facility. 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. 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 was one example of another facility or agency reporting an allegation occurring while a resident was residing at a this facility. This allegation was immediately investigated per policy and determined to be unsubstantiated.</p> <p data-bbox="242 1570 1457 1632">Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.</p>

115.264	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses</li> <li>b. Sexual Abuse/Assault Prevention &amp; Intervention Policy P-19</li> <li>c. Centre Inc. - Coordinated Response to PREA Incidents</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Security Staff and Non-security Staff First Responders</li> <li>b. Random Staff</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Observations during on-site review of physical plant</li> </ol> </li> </ol> <p>Findings:</p> <p>115.264(a):</p> <p>During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention &amp; 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" The Facility also provided a flow chart titled "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 &amp; Intervention, The flow chart is posted in the staff control room. 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 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>115.264(b):</p> <p>During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention &amp; Intervention in support of their compliance in this standard in its Pre-Audit Questionnaire (PAQ) responses. P-19 establishes "If 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" The Facility reported that during the past 12 months there were zero 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. During the onsite portion of this audit, this auditor interviewed non-security staff first responders utilizing the random staff protocol. All staff interviewed reported that their responsibility was to remain with the alleged victim and make 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.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.</p>

115.265	<p><b>Coordinated response</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses</li> <li>b. Centre Inc. - Coordinated Response to PREA Incidents</li> <li>c. Sexual Abuse/Assault Prevention &amp; Intervention Policy P-19</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Facility Director of Designee</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Observations during on-site review of physical plant</li> </ol> </li> </ol> <p>Findings:</p> <p>115.265(a):</p> <p>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 &amp; Intervention, which establishes staff expectations in greater detail During the onsite portion of this audit, this auditor observed the "Coordinated Response to PREA Incidents" displayed in the Staff control room. Additionally, this auditor observed policy and procedure manuals in 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. The Facility Director 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 and abuser do not destroy any evidence by showering, eating, drinking, smoking, brushing teeth, or urinating. The PREA Compliance Manager, 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 al provisions of this standard.</p>
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115.266	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.)       <ol style="list-style-type: none"> <li>a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses</li> </ol> </li> <li>2. Interviews       <ol style="list-style-type: none"> <li>a. Agency Head</li> </ol> </li> <li>3. Site Review Observations:       <ol style="list-style-type: none"> <li>a. Observations during on-site review of physical plant</li> </ol> </li> </ol> <p>Findings:</p> <p>115.266(a):        During the pre-onsite portion of this audit, in its PAQ responses the facility indicated that neither the facility or agency has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit. 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>115.266(b): The auditor is not required to audit 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 all applicable provisions of this standard.</p>

115.267	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Centre, Inc. PAQ responses</li> <li>b. Sexual Abuse/Assault Prevention &amp; Intervention Policy P-19</li> <li>c. Whistleblower Protection Policy PE-44</li> <li>d. Retaliation Monitoring Data Sheet</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. Facility Director of Designee</li> <li>c. Designated Staff Member Charged with Monitoring Retaliation</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Observations during on-site review of physical plant</li> </ol> </li> </ol> <p>Findings:</p> <p>115.267(a):</p> <p>During the pre-onsite portion of this audit, the Facility provided Policy P-19: Sexual Abuse/Assault Prevention &amp; Intervention in support of their compliance with this standard in its PAQ responses. Policy P-19, section I(D)(8)(f) establishes, "Employees are prohibited from any form of retaliation against a client who makes an allegation of staff sexual misconduct or staff sexual harassment" Section I(F) further establishes, "Retaliation 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 a shift, the Residential Specialist II will have this responsibility" The Facility also provided policy PE-44: Whistleblower Protection. Section II(6) establishes, "Anyone who retaliates against the Whistleblower (who reported an event in good faith) will be subject to discipline, including termination of Board or employee status" The Facility reported that Residential Specialists and Program Managers supervise retaliation within the facility. 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>115.267(b):</p> <p>During the onsite portion of this audit, this auditor interviewed the Agency Head and Facility Director to make a compliance determination of this provision. The Executive Director reported that depending on the circumstances surrounding the report, the facility would consider changing room assignments, transfer or removal of the alleged abuser from the facility and/or to the opposite Unit, and Centre Inc. would offer emotional support services through a local community-based agency. 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, an action plans will be developed 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). 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 residents present in the facility that reported sexual abuse to interview.</p> <p>115.267(c):</p> <p>During the pre-onsite portion of this audit, the Facility provided Policy P-19: Sexual Abuse/Assault Prevention &amp; Intervention in support of their compliance with this standard in its PAQ responses. Policy P-19, section I(F) establishes, "The 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)" Section (F) further establishes, "The 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</p>

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 "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" 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. As indicated in provision (b) of this standard there have been no times an incident of retaliation occurred 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. 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 indicated in subsection (b) of this standard, the facility reported 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.

115.267(e):

During the onsite portion of this audit, this auditor interviewed the Executive Director 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 Executive Director 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 be 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.

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

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

115.271	<b>Criminal and administrative agency investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Sexual Abuse/Assault/Harassment Prevention &amp; Intervention Policy P-19</li> <li>b. Information Practices, Records, Retention and Data: Statistics, Outcome Measures and Agency Cooperation SP-6</li> <li>c. Investigative records/reports for allegations of sexual abuse or sexual harassment</li> <li>d. Administrative investigation reports</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Investigative Staff</li> <li>b. PREA Coordinator</li> <li>c. Director, or Designee</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Observations during on-site review of physical plant</li> </ol> </li> </ol> <p>Findings:</p> <p>115.271(a):  Centre Inc. Policy P-19: Sexual Abuse/Assault/Harassment Prevention &amp; Intervention. Policy P-19, section II(D) establishes the protocols for “Investigations of Non-Consensual Sexual Acts, Abusive Sexual Contacts, Client Sexual Harassment, Staff Sexual Misconduct, or Staff Sexual Harassment” Centre Inc. has documented procedures establishing that all allegations of sexual abuse and sexual harassment are investigated promptly, thoroughly, and objectively. The Agency indicated that over the past 12 months, there had been two allegations resulting in an administrative investigation. The Facility provided the auditor with investigative files for each allegation. After review it was determined that one of the allegations was not a PREA related incident. The other administrative investigation was for an inmate housed at the North Dakota State Penitentiary that reported he was sexual abused by another resident while housed at Grand Forks facility. 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 investigation into this allegation was evidenced to begin on the day following the initial report being made by the external source. 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. The allegation was determined to be unsubstantiated.</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>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. 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 listed in standard 115.234.</p> <p>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.</p> <p>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.</p>



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.

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. Where appropriate, all allegations are referred to the Grand Forks Department for criminal investigation.

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.

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.

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.

The Facility provided the auditor with an investigative file 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.

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.

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/Harassment Prevention & Intervention as evidence of their compliance. Policy P-19 establishes that "An 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)." Section D(7) further establishes that upon receipt of an allegation of sexual harassment, "If 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.” 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.

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/Harassment Prevention & Intervention as evidence of their compliance. Policy P-19, section II(I)(1) establishes that “All 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” Policy SP-6: “Information Practices, Records, Retention and Data: Statistics, Outcome Measures and Agency Cooperation.” Section II(C) of SP-6 establishes that “All investigation files specific to PREA involving clients will be retained for five (5) years after the last date of program involvement” Additionally, SP-6 establishes that “All investigation files specific to PREA involving personnel will be retained for five (5) years after the last date of employment”

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. The investigator further indicated this is a requirement of Policy P-19.

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. 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, 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.

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

115.272	<b>Evidentiary standard for administrative investigations</b>
	<p data-bbox="242 145 742 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 454 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1029 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 306 1109 533" style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses</li> <li>b. Sexual Abuse/Assault Prevention &amp; Intervention Policy P-19</li> <li>c. Investigative records/reports for allegations of sexual abuse or sexual harassment</li> <li>d. Criminal investigation reports</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Investigative Staff</li> </ol> </li> </ol> <p data-bbox="242 566 343 595">Findings:</p> <p data-bbox="242 602 359 631">115.272(a):</p> <p data-bbox="242 638 1492 824">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 &amp; Intervention. Policy P-19, Section I(D) establishes that : "Centre Inc. imposes the standard of a preponderance of evidence when determining whether allegations of sexual abuse or sexual harassment can be substantiated" 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.</p> <p data-bbox="242 857 1396 916">Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with the provision of this standard..</p>

115.273	<b>Reporting to residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Centre, Inc. PAQ responses</li> <li>b. Sexual Abuse/Assault Prevention &amp; Intervention Policy P-19</li> <li>c. Investigative records/reports for allegations of sexual abuse or sexual harassment</li> <li>d. Resident Notification</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. PREA Coordinator/Investigative Staff</li> <li>b. Director or Designee</li> </ol> </li> </ol> <p>Findings:</p> <p>115.273(a):</p> <p>During the pre-onsite portion of this audit, the Facility provided Policy P-19: Sexual Abuse/Assault Prevention &amp; Intervention in support of their compliance with this standard in its PAQ responses. Attachment A establishes, "Following 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" The agency indicated that over the past 12 months, there had been two allegation resulting in an administrative investigation. One of which, resulted in notification to the resident. Upon investigation and review, the other allegation was not a PREA-related incident and fall outside the scope of this standard. The facility indicated that this resident was not a resident at a Centre, Inc. facility when the allegation was made, but they still informed the resident of the outcome. 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 Inc. informs the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The Facility Director 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. A signed copy of the Notice of Prison Rape Elimination Act Investigation Status is retained in the investigative file.</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. During the onsite portion of this audit, the auditor interviewed the PREA Coordinator. He 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>.</p> <p>115.273(c):</p> <p>During the pre-onsite portion of this audit, the Facility provided Policy P-19: Sexual Abuse/Assault Prevention &amp; Intervention in support of their compliance with this standard in PAQ responses. Attachment A establishes, "Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (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". The facility indicated that there had been no substantiated complaint of sexual harassment committed by a staff member against a resident in an agency facility in the past 12 months.</p> <p>115.273(d):</p> <p>During the pre-onsite portion of this audit, the Facility provided P-19: Sexual Abuse/Assault Prevention &amp; Intervention in support of their compliance in this standard in its PAQ responses. Attachment A establishes, "Following 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 was one allegation of resident-on-resident abuse in the facility that was referred for a criminal investigation. The victim was unwilling to speak with law enforcement. The investigation is listed as inactive.</p> <p>115.273(e):</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 PAQ responses. Attachment A establishes, "All pertinent notifications or attempted notifications shall be documented" As reviewed in provisions (a) through (c) of this standard, the facility provided this auditor with documentation evidencing that a notification was made pursuant to this standard and was documented.

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

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

115.276	<b>Disciplinary sanctions for staff</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Centre, Inc. PAQ responses</li> <li>b. Sexual Abuse/Assault/Harassment Prevention &amp; Intervention Policy P-19</li> <li>c. Sexual Abuse Response Team (SART) Report</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Observations during on-site review of physical plant</li> </ol> </li> </ol> <p>Findings:</p> <p>115.276(a):  During the pre-onsite portion of this audit, the Facility provided Policy P-19: Sexual Abuse/Assault/Harassment Prevention &amp; Intervention in support of their compliance with this standard in its PAQ responses. Policy P-19, section II(D)(8)(h) establishes, "Employees, 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> <p>During the onsite portion of the audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that any staff that violates 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>115.276(b):  During the pre-onsite portion of this audit, the Facility indicated that there were no staff from the facility violated the agency's sexual abuse or sexual harassment policies.</p> <p>115.276(c):  During the pre-onsite portion of this audit, the Facility provided Policy P-19: Sexual Abuse/Assault/Harassment Prevention &amp; Intervention in support of their compliance with this standard in its PAQ responses. Policy P-19, section II(D)(8)(h) establishes, "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" 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).</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>115.276(d):  During the pre-onsite portion of this audit, the Facility provided Policy P-19: Sexual Abuse/Assault/Harassment Prevention &amp; Intervention in support of their compliance with this standard in its PAQ responses. Policy P-19, 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" The Facility indicated that in the past 12 months, there were no 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, that were reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this Standard.</p>

115.277	<b>Corrective action for contractors and volunteers</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 304 1015 566" style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses</li> <li>b. Sexual Abuse/Assault/Harassment Prevention &amp; Intervention Policy P-19</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Facility Director of Designee</li> <li>b. PREA Coordinator</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Observations during on-site review of physical plant</li> </ol> </li> </ol> <p data-bbox="242 598 336 627">Findings:</p> <p data-bbox="242 656 360 685">115.277(a):</p> <p data-bbox="242 689 1485 949">During the pre-onsite portion of this audit, the Facility provided Policy P-19: Sexual Abuse/Assault/Harassment Prevention &amp; Intervention in support of their compliance with this standard in PAQ responses. Policy P-19, 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> <p data-bbox="242 981 1493 1173">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. 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 prohibited from working at 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 data-bbox="242 1205 360 1234">115.277(b):</p> <p data-bbox="242 1238 1477 1299">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 data-bbox="242 1330 1493 1456">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 pending the investigation’s outcome.</p> <p data-bbox="242 1487 1457 1547">Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this Standard.</p>

115.278	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses</li> <li>b. Resident Rules and Discipline Policy P-14</li> <li>c. Resident Handbook, Appendix A</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. Facility Director of Designee</li> <li>b. PREA Coordinator</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Observations during on-site review of physical plant</li> </ol> </li> </ol> <p>Findings):</p> <p>115.278(a):</p> <p>During the pre-onsite portion of this audit, the Facility provided P-14: Program Rules &amp; Discipline in support of their compliance with this standard in its PAQ responses. Policy P-14, section II(A) and Section II(B) establish the formal disciplinary processes for Federal Bureau of Prisons residents and North Dakota Department of Corrections and Rehabilitation residents. 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. This Section defines the formal disciplinary process for residents: "The 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." The Residential Services Contract details a list of facility rules and prohibited behaviors, including sexual abuse. P-14 establishes that "a formal disciplinary hearing [will be conducted] for resolution of these rule infractions and sanctioning." The Residential Contract further establishes that "violation of any federal or state law (felony or misdemeanor offenses)" will result in the formal disciplinary process.</p> <p>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.</p> <p>115.278(b):</p> <p>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. The Facility Director further reported usually in cases of sexual abuse the abuser would immediately be removed from the facility and the referring agency would be responsible for any disciplinary process.</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>115.278(c):</p> <p>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 any resident-on-resident abuse.</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.</p> <p>115.278(d):</p> <p>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.</p> <p>115.278(e):</p> <p>During the pre-onsite audit portion of this audit, the Facility indicated in its' PAQ response that "If 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</p>



Bureau of Prison's Prohibited Acts clearly identify that non-consensual acts is the prohibited behavior and outlines in detail the applicable discipline". 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.

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 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"

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)"

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

115.282	<b>Access to emergency medical and mental health services</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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/Harassment Prevention & Intervention Policy P-19
2. Interviews
  - a. PREA Coordinator
  - b. Security Staff and Non-Security Staff First Responders
3. Site Review Observations:
  - a. Observations during on-site review of physical plant

Findings:

115.282(a), (c), (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/Harassment Prevention & Intervention. Policy P-19, section I(D)(3 establishes that "3. Victims 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.
- f. 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; and
- g. A "Report of Significant Incident" is completed and forwarded to the Director of Operations, Executive Director, or designee, and includes addressing/assuring the alleged victim(s) was separated from the alleged assailant(s).
- h. Resident 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)."

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 Coordinator 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 and CVIC. 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 services at this facility. The Facility only houses male residents and reported there were no residents currently at 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.

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 staff are the facility's first responders. This auditor interviewed Random staff 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 call for an ambulance if required. No staff reported that they had to respond to an allegation of sexual abuse.

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

115.283	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses</li> <li>b. Sexual Abuse/Assault/Harassment Prevention &amp; Intervention Policy P-19</li> <li>c. PREA Rating Assessment Manual</li> <li>d. Initial Assessment/Re-assessment PREA (form)</li> <li>e. Intake Assessment Procedure</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. Case management staff</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Observations during on-site review of physical plant</li> </ol> </li> </ol> <p>Findings:</p> <p>115.283(a):  During the pre-onsite portion of this audit, the Facility indicted 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, "The Case Manager will refer the client to community mental health services for any necessary follow-up" 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. One resident that was interviewed reported prior victimization when he was a child. He indicated he did not disclose the victimization during intake. He further indicated he was good and did not need a referral.</p> <p>115.283(b):  During the pre-onsite portion of this audit, the Facility indicted 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, "The Case Manager will refer the client to community mental health services for any necessary follow-up" 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.</p> <p>During the on-site portion of the audit, this auditor interviewed 2 case managers. Both staff persons indicated that all residents, including those that have reported prior sexual abuse or victimization, are offered mental health services.</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 PREA Coordinator reported that Centre, Inc. has an ongoing relationship with CVIC. The PREA Coordinator reported the mission of Centre, Inc., in part, is to connect residents transitioning home through on of it facilities with community-based agencies in their own community in order for the greatest likelihood that that resident will continue their engagement post-release. The facility does not provide internal medical or mental health services; instead it utilizes community-based organizations to provide their residents with these services.</p> <p>115.283(d)-(e):  During the pre-onsite portion of this audit, the Facility indicated N/A in its response to these provisions. The Facility only houses male residents.</p> <p>115.283(f)-(g):  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/Harassment Prevention &amp; Intervention. Policy P-19, section I(D)(3)(h) establishes that resident victims will have access to "Testing for sexually transmitted diseases (for example, HIV, gonorrhea, hepatitis, and other diseases) . . . [and] prophylactic treatment and follow up for sexually transmitted diseases will be offered as appropriate" and that "resident 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)" As noted in subsection (a) of this standard, the Facility has not classified any resident as having reported sexual abuse.</p> <p>During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. The PREA</p>

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 and have access to all necessary medical and mental health care and testing. 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.

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)." Policy P-19, section II(E) 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"

During the onsite portion of this audit, this auditor conducted 14 resident file audits. The case file audit revealed no residents being identified as a known resident-on-resident abuser. In addition, this auditor interviewed two 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.

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

115.286	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses</li> <li>b. Sexual Abuse/Assault/Harassment Prevention &amp; Intervention Policy P-19</li> <li>c. Reporting and Handling of Significant or Unusual Incidents SP-9</li> <li>d. Documentation of criminal and administrative investigations</li> <li>e. Sexual abuse incident review documentation (SART Report)</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. Facility Director of Designee</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Observations during on-site review of physical plant</li> </ol> </li> </ol> <p>Findings:</p> <p>115.286(a)-(b):</p> <p>During the pre-onsite portion of this audit, the Facility indicted compliance with this provision and provided this auditor with Policy SP-9: Reporting and Handling of Significant or Unusual Incidents. Policy SP-9, 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. The SART team is also required to conduct and complete a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation." SP-9 further establishes, "All 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> <p>The facility reported that in the past 12 months, there was one criminal administrative investigation of alleged sexual abuse completed at the facility. During the onsite portion of this audit, this auditor reviewed documentation of completed administrative investigations into the above-referenced investigation. This documentation included the formation of a Sexual Abuse Response Team and documentation that this team reviewed the incident within 30 days of the conclusion of the investigation. This was demonstrated by inclusion of a document titled, "Sexual Abuse Response Team (SART) Report." The SART Report includes a date under the signature block of the PREA Coordinator.</p> <p>.</p> <p>115.286(c):</p> <p>A review of the SART report referenced above 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.</p> <p>115.286(d)-(e):</p> <p>A review of the SART report referenced above 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.</p> <p>During the onsite portion of the audit, this auditor interviewed the Facility Director, PREA Coordinator. The Facility Director reported that the SART examines paragraphs (d)(1)-(d)(5) of this provision. 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</p>

need to be made or any training for staff that is needed. The PREA Coordinator reported that the SART always prepares a report indicating its findings, including any recommendations made. 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. He further reported that all SARTs are reviewed during the annual assessment of the Staffing Plan. A review of the SART Report includes a section that allows for recommendations for improvements.

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

115.287	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Centre, Inc. Pre-Audit Questionnaire (PAQ) responses</li> <li>b. Sexual Abuse/Assault/Harassment Prevention &amp; Intervention Policy P-19</li> <li>c. Reporting and Handling of Significant or Unusual Incidents SP-9</li> <li>d. PREA Annual Report and Corresponding Agency Review</li> <li>e. PREA Compliant Staffing Plan binder</li> <li>f. Investigative Files</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. Facility Director of Designee</li> </ol> </li> <li>3. Site Review Observations: <ol style="list-style-type: none"> <li>a. Observations during on-site review of physical plant</li> </ol> </li> </ol> <p>Findings:</p> <p>115.287(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/Harassment Prevention &amp; Intervention. Policy P-19, section I(A) establishes, "Centre will act to prevent and/or reduce all forms of sexual abuse and sexual harassment of clients through orientation, screening, assessment, staff training, <b>data collection and monitoring</b>, counseling, and investigation of alleged sexual abuse and or harassment. 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> <p>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/Harassment Prevention &amp; Intervention. Policy P-19, section II(I)(3) establishes, "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" The Facility also provided this auditor with a document titled, "PREA Assessment/Centre Inc.'s Residential Reentry Program located at 201 S. 4th Street, Grand Forks ND 58201." This report includes an aggregated report listing all substantiated, unsubstantiated, and unfounded sexual abuse allegations reported in the past 12 months.</p> <p>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, &amp; 8) staff-on-client sexual assault.</p> <p>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.</p> <p>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/Harassment Prevention &amp; Intervention. Policy P-19, section II(I)(A)(2)-(3) establishes, "At 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> <p>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>



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.

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.

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 the agency is compliant with all applicable provisions of this standard.

115.288	<b>Data review for corrective action</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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. PREA Annual Report (Year 2021)
  - c. PREA Assessment (dated 2/23/22)
  - d. Agency website
2. Interviews
  - a. PREA Coordinator
  - b. Agency Head
3. Site Review Observations:
  - a. Observations during on-site review of physical plant

Findings:

115.288(a)-(b):

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.

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." the PREA Assessment has a section that compares the current reporting year's data with that of the prior three years.

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 which includes a section that compares the current reporting year's data with that of the prior three years.

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.

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 includes 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 all provisions of this standard.

115.289	<b>Data storage, publication, and destruction</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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/Harassment 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
2. Interviews
  - a. PREA Coordinator
3. Site Review Observations:
  - a. Observations during on-site review of physical plant

Findings:

115.289(a):

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/Harassment Prevention & Intervention in support of their compliance with this standard in its PAQ responses. Policy P-19, section II(I)(A) establishes, "All 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" The facility also provided this auditor with Policy SP- 6:Information Practices, Records, Retention and Data: Statistics, Outcome Measures and Agency Cooperation. Policy SP-6, 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"

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.

115.289(b):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with Policy SP-6: Information Practices, Records, Retention and Data: Statistics, Outcome Measures and Agency Cooperation. Policy SP-6 establishes, "Aggregated sexual abuse data is readily available to the public as the report encompassing this data is posted on the agency's website." The facility reported its website to be <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 that contain aggregated sexual abuse data and pertinent policies and procedures.

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](http://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.

115.289(d):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with Policy SP-6: Information Practices, Records, Retention and Data: Statistics, Outcome Measures and Agency Cooperation. Policy SP-6, section I(C) establishes, "The 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"

During the onsite portion of the audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator indicated he had retained all prior annual reports 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 all provisions of this standard.

115.401	<b>Frequency and scope of audits</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Centre, Inc. Website: <a href="http://centreinc.org/PREA/">http://centreinc.org/PREA/</a></li> <li>b. Prior PREA Audit Reports</li> </ol> </li> <li>2. Pre/Onsite/Post-Audit Observations <ol style="list-style-type: none"> <li>a. General observations during the audit process</li> </ol> </li> </ol> <p>Findings:</p> <p>115.401(a): A review of the agency's website and prior Final Audit Reports revealed that the agency has four community confinement facilities. Three of these facilities have been audited twice. This is the second PREA audit of the Grand Forks Transition Program.</p> <p>115.401(b): A review of the agency's website and prior Final Audit Reports revealed that the agency has four community confinement facilities. One-third of its programs would equate to one program per year over the course of the three-year audit cycle. The agency has made every effort within its control to ensure one program was audited each year during the prior three-year period.</p> <p>.</p> <p>115.401(h): 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 access to the facility and its staff and residents.</p> <p>.</p> <p>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.</p> <p>115.401(m): During the onsite portion of this audit this auditor was permitted to conduct private interviews with residents and staff in the conference room in the facility. The room did not have video or voice recording capabilities.</p> <p>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. A majority of the residents interviewed informed this auditor that they have seen the posting.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all applicable provisions of this standard.</p>

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li>a. Centre, Inc. Website: <a href="http://centreinc.org/PREA/">http://centreinc.org/PREA/</a></li> <li>b. Prior PREA Audit Reports</li> </ol> </li> <li>2. Interviews <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> </ol> </li> </ol> <p>Findings:</p> <p>115.403(f):  A review of the Agency's website reveals that all Final Audit Reports for all four of its facilities were posted to its website within 90 days of its issuance by the auditor. Centre, Inc. has an agency website <a href="http://www.centreinc.org">www.centreinc.org</a> and has a page dedicated to the posting of PREA-related information <a href="http://www.centreinc.org/prea/">www.centreinc.org/prea/</a>.</p> <p>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>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all applicable provisions of this standard.</p>

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	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



<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	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.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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.)	na
	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.)	na
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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

<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If 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
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (a)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all 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)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

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

<b>115.217 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated 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
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating 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
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na
<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.231 (a)</b>	<b>Employee training</b>	
	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
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

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



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

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

<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

<b>115.242 (f)</b>	<b>Use of screening information</b>	
	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
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.251 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring 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
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	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?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information 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
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes



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

<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: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
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/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
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

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

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

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

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

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

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



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