

PREA Facility Audit Report: Final

Name of Facility: Centre Inc. Grand Forks Transition

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/01/2018

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Dave Andraska	Date of Signature: 08/01/2018

AUDITOR INFORMATION	
Auditor name:	Andraska, Dave
Address:	
Email:	ddafalls@hotmail.com
Telephone number:	
Start Date of On-Site Audit:	06/19/2018
End Date of On-Site Audit:	06/20/2018

FACILITY INFORMATION	
Facility name:	Centre Inc. Grand Forks Transition
Facility physical address:	201 S. 4th Street, Grand Forks, North Dakota - 58201
Facility Phone	(701)775-2681
Facility mailing address:	PO Box 1269, Fargo, North Dakota - 58107-1269
The facility is:	<input type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Military <input type="radio"/> Private for profit <input checked="" type="radio"/> Private not for profit
Facility Type:	<input type="radio"/> Community Treatment Center <input checked="" type="radio"/> Halfway house <input type="radio"/> Restitution center <input type="radio"/> Alcohol or drug rehabilitation center <input type="radio"/> Mental health facility <input type="radio"/> Other community correctional facility

Primary Contact			
Name:	Alisa Brossart Kill	Title:	Program Director
Email Address:	alisabr@centreinc.org	Telephone Number:	(701)203-4735

Facility Director			
Name:	Alisa Brossart Kill	Title:	Program Director
Email Address:	alisabr@centreinc.org	Telephone Number:	701-203-4735

Facility PREA Compliance Manager			
Name:	Alisa Brossart	Email Address:	alisabr@centreinc.org

Facility Health Service Administrator			
Name:		Title:	
Email Address:		Telephone Number:	

Facility Characteristics			
Designed facility capacity:		28	
Current population of facility:		28	
Age Range	<i>Adults:</i> 19-61	<i>Juveniles:</i>	<i>Youthful Residents:</i>
Facility security level/resident custody levels:		Residential Reentry	
Number of staff currently employed at the facility who may have contact with residents:		27	

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

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

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

AUDIT FINDINGS

Narrative:

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

The Prison Rape Elimination Act (PREA) Audit for Grand Forks Transition operated by Centre, Inc. was conducted on June 19-20, 2018. This was the second PREA audit for this facility. The PREA Audit was coordinated through the Centre Inc. and Andraska Consulting, LLC. Department of Justice (DOJ) Certified PREA Auditor David Andraska conducted the audit. A line of communication was developed between Centre Inc. PREA Coordinator/Director of Operations and Andraska Consulting, LLC to schedule and discuss the audit. The PREA Online Audit System (OAS) was used to complete the audit. The PREA Pre-Audit Questionnaire was completed online by the Program Director/PREA Compliance Officer and supporting documents were uploaded in the OAS. The auditor reviewed and evaluated the information provided which included agency policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, organizational charts, and other PREA related materials the facility provided to demonstrate compliance with each PREA standard as well as the Centre Inc. website prior to the audit.

The on-site audit began on Tuesday morning June 19, 2018 with an entry meeting with the Program Director / PREA Compliance Officer. The auditor introduced himself and provided his background and discussed the audit process. The site visit consisted of conducting a full tour of the facility, a thorough review of documentation, and formal and informal interviews with staff and residents. PREA posters and notification of PREA audit was observed posted throughout all areas accessible to residents. The notification of the PREA audit visit was documented as posted on April 17, 2018. A photograph of the posted notice was provided to the auditor.

Grand Forks Transition has 27 full and part time staff that may have contact with offenders. The residential Specialist (security staff) is assigned to three 8 hours shifts. The auditor conducted interviews with security, non-security, specialized staff, Agency Head, PREA Coordinator and PREA Compliance Officer. . The auditor conducted 4 random sample staff interviews and 9 specialized and management staff interviews for a total of 13 staff interviews. Resident Specialist were interviewed from all three shifts. All staff at Grand Forks Transition are trained as first responders and those interviewed were well versed in their areas of responsibility regarding responding to PREA allegations.

On the first day of the audit there were 18 residents at Grand Forks Transition. Eleven residents were randomly selected to be interviewed. There were no residents at the facility that were in the target group. The auditor did not receive any correspondence from the residents. All residents interviewed stated they felt safe, demonstrated a good understanding of PREA and reporting options. Three additional residents were admitted on the afternoon of the first day of the audit. The auditor observed the intake and risk screening process completed by the resident specialist and case manager.

The auditor examined a random sampling of staff training files, and volunteer/ contractor files that are maintained at the facility. New hires, volunteers and contractors are not allowed entrance into the facility

until a thorough background check is completed. The training records were complete and included written documentation that staff and contractors received the required PREA training. The auditors viewed the signed "Training Acknowledgement Form" documenting that the all staff understood the PREA training received. The auditor selected and examined a sampling of offender institutional files and observed documentation indicating by signature the offender receiving PREA education, as well as documentation of the risk screenings performed.

All investigative files were reviewed during the on-site visit and appeared to thoroughly document the investigation process per agency policy. There were three allegations of staff on resident sexual harassment received in the past twelve month. All allegations resulted in an administrative investigation. The administrative findings of the staff on resident allegations were two unfounded and one unsubstantiated. There were no allegations of sexual abuse.

When the on-site audit was completed, an exit meeting was held with the Executive Director and Director of Operations/ PREA Coordinator to discuss audit findings. The auditor had been provided with extensive files prior to the audit, for review to support compliance with PREA standards. While at the facility, the auditor reviewed a sufficient sampling based on the size of the facility of case records, training records, investigative reports, additional program information and documents. The auditor interviewed the required number of staff and residents based on the population and all were knowledgeable regarding PREA requirements. All interviews and observations supported compliance. The facility staff was found to be cooperative and professional. All areas of the facility were clean and well maintained. The auditor explained the audit report process. The auditor thanked the Executive Director, PREA Coordinator and staff for their hard work, dedication and commitment to comply with PREA standards.

AUDIT FINDINGS

Facility Characteristics:

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

Centre, Inc. is a North Dakota private non-profit rehabilitative, correctional and human service agency which was formed in 1976 to assist the courts and other mainstream public agencies in providing community-based services to establish halfway houses as a cost-effective intermediate sanction as well as an adjunct to parole or probation supervision. Headquartered in Fargo, ND, Centre's programs and clients have greatly grown in numbers and its programming has evolved since its inception and currently has facilities in Fargo, Mandan and Grand Forks. The role of Centre, Inc. has been to provide for public safety by offering programs across the state which can effectively rehabilitate, supervise, and provide transitional housing to individuals in need of these services outside the institutions and jails/prisons. Centre, Inc. has agency wide policies and procedures that apply to all programs. Centre Inc. maintains a website at <http://centreinc.org/> with a PREA section that lists reports, policies and relevant information.

The Grand Forks Transition Program is located on the 2nd floor of a building leased by Centre Inc. in downtown Grand Forks, North Dakota. Grand Forks Transition provides gender-responsive residential transitional services for male North Dakota Department of Corrections and Rehabilitation inmates that are near the end of their parole eligibility date or discharge date. Grand Forks residential services provide a supportive and structured living environment in which drug testing, intensive monitoring, employment skills, cognitive thinking skills, social skills, and problem solving skills are provide to adult residents. The transitional residential facility is staffed on a twenty-four hour a day basis. Although most residents are allowed to leave the facility for work and/or programming purposes, they must sign out and in with staff approval prior to leaving and upon return. Depending on varied referral source parameters and/or level/phase systems, residents may also sign out for other purposes. The average length of stay is 68 days.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of standards exceeded:	3
Number of standards met:	38
Number of standards not met:	0

The Centre Inc. -Grand Forks Transition, was assessed as "In Compliance" with the PREA standards in this Final PREA Report. As listed above, of the 41 standards for Community Confinement Facilities, three standards (115.211, 115.231 and 115.232) were assessed as substantially exceeding the requirements of the standard. Thirty-eight standards were assessed as meeting substantial compliance in all material ways with the standard for the relevant review period. Centre, Inc. should be commended for their efforts to implement practices that show a commitment and understanding of the spirit and intent of the Prison Rape Elimination Act.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Centre Inc. written policy #P-18 Sexual Abuse/Assault Prevention and Intervention was reviewed and addresses the requirement of this standard. The Policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting, and responding to such conduct. This policy, on Centre Inc.'s website as well, is the basis for creating a zero tolerance culture in regards to all forms of sexual abuse and sexual harassment. Centre Inc. and Grand Forks demonstrates a commitment to safety for residents and staff, while supporting a culture of prevention, detection, reporting, and response. Staff interviews revealed an ownership of the agency's commitment to the prevention, detection and response to sexual abuse and sexual harassment, and were well versed in this policy.</p> <p>Centre Inc. employs an upper-level, agency-wide PREA Coordinator. The PREA Coordinator is based in Fargo, ND, and is proactive and committed to the implementation and enforcement of all PREA standards. The PREA Coordinator is also the Director of Operations and supervises the PREA Compliance Officers at each site. The PREA Compliance Officer for Centre Inc. - Grand Forks is also the Program Director. Interviews with the PREA Coordinator and PREA Compliance Officer revealed both acknowledging sufficient time and authority to develop, implement, and oversee efforts to comply with the PREA standards. The PREA Coordinator/Director of Operations and the PREA Compliance Officer/Program Director are evident on the agency's organizational chart and Centre, Inc. Policy #PE-1.</p> <p>Through review of policy, organization charts, observation of bulletin boards, posters, handouts and materials, review of resident and staff handbooks, training curriculums and interviews with staff and residents it was apparent that Grand Forks Transition is committed to zero tolerance of sexual abuse and sexual harassment and exceeds the requirement for Standard 115.211.</p>

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Centre Inc. does not contract for the confinement of its resident. Centre Inc. is not a public agency, It is a private non-profit that provides services through contract with state and federal agencies for confinement of their residents. Grand Forks does not contract nor have any residents confined with contract entities.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Centre Inc. Personnel Policy#PE-34 Staff Coverage was reviewed and addresses the facility's staffing requirement. Centre, Inc. has developed and documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse for Grand Forks that is based on the four criteria of this standard to include (1) The physical layout of each facility; (2) The composition of the resident population; (3) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (4) Any other relevant factors. The current staff plan and PREA assessment was completed on February 26, 2018. Based on the review of the staffing plan and interviews, the staffing plan was developed by the Director of Operations/ PREA Coordinator with input from facility management staff. The facility does not deviate from the approved staffing plan. The staffing plan is reviewed annually and is supported by agency policy. The Program Manager Residential, who directly supervises residential/direct care staff makes unannounced, sporadic checks throughout the facility. The Residential Specialist also makes random checks throughout the facility. Interviews with staff and residents confirmed that unannounced rounds are done randomly throughout the facility.</p> <p>Based on review of the policy, staffing plan and housing logs, and interviews with the Program Director, Program Manager and random staff and residents, Grand Forks Transition meets the requirement of this standard.</p>

115.215	<p>Limits to cross-gender viewing and searches</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Centre Inc. Policy #P-17, Searches and Policy #P-18 Sexual Abuse/Assault Prevention and Intervention were reviewed and address the requirement of this Standard. Centre Inc. has a consistent practice of not conducting cross-gender strip, cross-gender visual body cavity searches, or cross-gender pat downs of residents. Grand Forks does not house female residents. Staff must have advanced approval from the Executive Director or designee to conduct a strip search. Interviews with residents, Residential Specialists, PREA Compliance Officer/Program Director and the Agency PREA Coordinator/Director of Operations confirm compliance with policy and practice. Pat searches are documented in resident logs in the SecurManage system. Staffs of the opposite gender announces "themselves by gender when conducting checks of sleeping rooms and bathroom/shower areas. Policies are in place and staff appears very respectful in carrying out procedures which enable residents to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their private areas of their bodies, except in exigent circumstances, or when such viewing is incidental to routine room checks.</p> <p>Training records were reviewed and confirmed all staff received a two hour training entitled, "Searches and Inspection", which also included notification and explanation of the procedure. The New Employee Orientation Checklist serves as documentation that each employee is trained on pat- down searches. Centre Inc. policy clearly states the facility will not search or physically examine a trans-gender or inter-sex resident for the sole purpose of determining the resident's genital status.</p> <p>Based on review of policy, training documents, observation during the tour and interviews with staff and residents, Grand Forks Transition is compliant with this standard.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Centre Inc. Policy #P-18 Sexual Abuse/Assault Prevention and Intervention and Policy #P-10 Referral, Admissions, Intake and Orientation were reviewed and address the requirement of this standard. Grand Forks has established procedures to provide for residents that are limited English proficiency, residents with disabilities and residents with low literary levels equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>The agency policy prohibits the use of resident interpreters or other types of resident assistants except in limited circumstances where there may be delay in obtaining an effective interpreter. This is evidenced by current policy and procedure. Interviews with the Agency PREA Coordinator/Director of Operations, PREA Compliance Officer, and intake staff confirmed there has been no need to use an interpreter over this past year due to predominantly English speaking resident population. The facility staff is aware of community resources they can summon if the need for an interpreter were to arise. The Resident Specialist, who is conducting the intake, goes over information with the resident verbally and checks for understanding. The Residential Specialist will be able to provide immediate assistance to aid in the understanding of the written materials if a resident is in need because of a reading, comprehension, or hearing issue. The residents sign and date the document upon receipt, which indicates they understood the information presented. There were no limited English speaking residents or residents with disabilities at the facility during the on-site audit visit.</p> <p>Based on a review of the policy and interviews with staff, Grand Forks Transition is compliant with this standard.</p>

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Centre Inc. Personnel Policy #PE-5 Employee Recruitment/Filling a Job Vacancy & Background Checks and Policy #PE-26 Sexual Harassment, Abuse, Assault were reviewed and address the requirement of this standard. The agency has established a system of conducting criminal background checks for new employees and contractors who have contact with residents to ensure they do not hire or promote anyone who may have contact with residents and does not enlist 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, 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 or has been civilly or administratively adjudicated to have engaged in the activity described above. Centre Inc. considers any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contractor who may have contact with residents. Consistent with federal, state, and local law, Centre Inc. makes 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. Centre Inc. asks all applicants and employees who may have contact with residents directly about previous misconduct described above in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. Centre Inc. also imposes upon employees a continuing affirmative duty to disclose any such misconduct. Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. Centre Inc. conducts criminal background records checks at least every five years of current employees and contractors who may have contact with residents. Through interviews with the Human Resource Generalist and PREA Coordinator and review of documentation, it was determined that the agency policy and PREA standards were being followed concerning hiring, promotional decisions, and background checks, as such Grand Forks Transition is compliant with this standard.</p>

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Since the last PREA audit, there have not been any significant upgrades to the facility, including technologies. Grand Forks Transition has an adequate but older video and monitoring system in place. Per an interview with the Agency Head, they are currently leasing the building and would consider an update to the existing cameras and video monitoring system if they purchase the building.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Centre Inc. Policy #P-18 Sexual Abuse/Assault Prevention and Intervention was reviewed and addresses the requirement of this standard. The policy directs that all allegations of sexual abuse and sexual harassment be investigated and documented. The policy contains protocols for obtaining and preserving physical evidence. Interviews with the Agency PREA Coordinator/Director of Operations, and the PREA Compliance Officer/Program Director support practice as outlined in Centre Inc. Policy #P-18. The Facility ensures allegations of sexual abuse are referred for investigation to the Grand Forks Police Department unless the allegation does not involve potentially criminal behavior. If the allegation does not involve potentially criminal behavior, Centre Inc. will conduct an administrative investigation. The policy includes an overall description of the responsibilities and at what point a criminal investigation referral is made. A Memorandum of Understanding (MOU) with the Grand Forks Police Department which indicates 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". The MOU is posted on Centre Inc.'s website. Grand Forks does not house residents under the age of 18. Emergency medical healthcare along with forensic examinations by SANE/SAFE staff are provided by a community healthcare provider, with no cost to the residents. An advocate will be provided to the resident upon request to provide emotional support through the forensic medical examination and investigation interviews. There were no forensic medical exams performed by SANE/SAFE staff during the last twelve months. Centre, Inc. has a MOU with Abused Adult Resource Center to provide victim advocate services.</p> <p>Based on review of policy, MOUs, documents, and interviews with management staff, Grand Forks Transition is compliant with this standard.</p>

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Centre Inc. Policy #P-18 Sexual Abuse/Assault Prevention and Intervention was reviewed and addresses the requirement of this standard. The policy directs that all allegations of sexual abuse and sexual harassment be investigated and documented. Interviews with the Agency PREA Coordinator/Director of Operations, and the PREA Compliance Officer/Program Director support practice as outlined in Centre Inc. Policy #P-18. The Facility ensures allegations of sexual abuse are referred for investigation to the Grand Forks Police Department unless the allegation does not involve potentially criminal behavior. The policy includes an overall description of the responsibilities and at what point a criminal investigation referral is made. A Memorandum of Understanding with the Grand Forks Police Department indicates that 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" . Centre Inc. Policy #P-18 and the MOU with the Grand Forks Police Department is posted on Centre Inc.'s website.</p> <p>In the past 12 months, there were three allegations of sexual harassment received. All three allegations resulted in an administrative investigation. No allegation were referred for criminal investigations.</p> <p>Based on review of policy, MOU, documents, agency's website and interviews with management staff, Grand Forks Transition is compliant with this standard.</p>

115.231	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Centre Inc. Policy #P-18 Sexual Abuse/Assault Prevention and Intervention, Centre Inc. Personnel Policy #PE-9 Employee Standards for Employee Conduct, Ethics and responsibility, Policy #PE-26 Sexual Harassment, Abuse, Assault and the Relias lesson plan were reviewed and address the requirements of the standard. Grand Forks Transition trains all employees who have contact with residents on: It's zero tolerance policy for sexual abuse and sexual harassment: how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures, residents' right to be free from sexual abuse and sexual harassment, the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in confinement, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with residents, how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents, and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</p> <p>All the current employees at Grand Forks have received initial training regarding PREA standards and each employee is provided with refresher training annually to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In addition to the annual PREA refresher training, the agency clearly provides refresher information on current sexual abuse and sexual harassment policies at staff meeting. Staff was able to articulate required PREA training components and offer examples of day to day implementation during multiple interviews. A review of training records was completed as part of the audit process. Documentation of staff participating and understanding the training is maintained. Centre Inc. also provides a written guide called "Centre Inc. Coordinated Response to PREA Incidents" uses shading, design, bulleting and categories of action which are clearly identified by the various disciplines which include staff. The diagram is in the shape of an arrow, implying guided direction throughout the coordinated response, beginning with the first responder, and ending with a formal review of the sexual abuse incident. These diagrams are posted throughout the facility and serve as quick reference guides for staff. Grand Forks Transition only houses male residents, and employees if reassigned from a facility that houses only female residents would receive additional training.</p> <p>Based on review of the policy, the PREA employee training curriculum and records, annual refresher training, the tracking program in place to confirm all employees who have contact with residents have received and understand their responsibilities under PREA, interviews with staff and observations during tour of the facility, Grand Forks exceeds the requirements of this standard.</p>

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Centre Inc. Policy #P-18 Sexual Abuse/Assault Prevention and Intervention, was reviewed and addresses the requirements of the standard. All volunteers and contractors have been trained in PREA standards based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents are notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Grand Forks Transition maintains Prison Rape Elimination Act (PREA) Compliance Acknowledgment (Contractors, Vendors and Volunteers) forms signed by contractors indicating they understand and will comply with the agreement. Grand Forks does not have any volunteers. There were no contract staff on site to interview during the audit. The auditor reviewed Prison Rape Elimination Act (PREA) Compliance Acknowledgment (Contractors, Vendors and Volunteers) forms signed by contractors.</p> <p>Based on review of policy, training record, signed acknowledgement form and interview with the PREA Coordinator/ Director of Operations , Grand Forks is compliant with this standard.</p>

115.233	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Centre Inc. Policy #P-18 Sexual Abuse/Assault Prevention and Intervention was reviewed and addresses the requirements of the standard. Centre Inc. provides a comprehensive PREA education to the resident population beginning at intake into the agency. During Grand Forks Transition intake process, residents receive "Centre -An Overview for Clients on Sexual Abuse/Assault Prevention and Intervention" which is comprehensive information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual 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. All residents sign, date, and acknowledge understanding on the "An Overview for Clients on Sexual Abuse/Assault Prevention and Intervention Signature Acknowledgment Page". As random sample of resident signature acknowledgment pages were reviewed during the on-site visit, as the document becomes part of the electronic resident file. The facility's handbook also explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents. The auditor observed the intake process and confirmed that the residential specialist verbally explains the required PREA information and ensures the resident understands the information.</p> <p>Centre Inc. policies, and interviews with intake staff, Residential Specialists, Case Managers and residents confirm the provision of resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills. Within 24 hours of arrival, residents participate in a PREA orientation group, which utilizes the Just Detention International DVD entitled, "PREA: What You Need to Know". Participation in PREA orientation group was supported by interviews with residents. The PREA orientation groups exceed PREA Community Confinement standards, which require PREA education be provided at time of intake. Grand Forks ensures key information is continuously and readily available or visible to residents through other written information. Bright lime green PREA posters that are 16" x 20" containing bold black font are posted throughout the facility.</p> <p>Based on review of the policy, the PREA education and orientation the residents receive, acknowledgement form, verbal interaction with resident to ensure they understand the PREA information, interviews with staff and residents and observations made during the tour, Grand Forks Transition exceeds the requirements of this standard.</p>

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Centre Inc. policy #P-18 Sexual Abuse/Assault Prevention and Intervention was reviewed and addresses the requirement of this standard. The agency PREA Coordinator/Director of Operations successfully completed twenty hours of PREA Investigator Training. This is an intensive, comprehensive, specialized training for PREA investigators and includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The PREA Coordinator also completed a 16 hour PREA Investigation training from the North Dakota Department of Corrections and Rehabilitation as well as numerous online PREA Training through the National Institute of Corrections and Relias Learning. In addition two staff from the Grand Forks facility, the PREA Compliance Officer/Program Director and Program Manager-Residential also completed the 16 hour PREA Investigation training from the North Dakota Department of Corrections and Rehabilitation as well as numerous online PREA Training through the National Institute of Corrections and Relias Learning.</p> <p>Based on a review of the training documentation and interviews with the PREA Coordinator/Director of Operations, PREA Compliance Officer/Program Director and Program Manager-Residential, Grand Forks Transition is compliant with this standard.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Centre Inc. does not employ or contract for medical or mental health care staff. Medical and mental health services are provided by a community healthcare provider.</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Centre, Inc. Policy #P-18 Sexual Abuse/Assault Prevention and Intervention, Policy #P-10 Referral, Admission, Intake and Orientation Processing and the CENTRE Initial Assessment/Reassessment PREA Screening form were reviewed and address the requirement of this standard. The policies outlines the assessment process and the use of the screening information to determine bed assignment with the goal of keeping inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Intake screening ordinarily takes place within 48 hours of arriving at the facility. All 125 residents that entered the program during the past twelve months were screened. The auditor observed the risk screening process while on site. If an inmate screens for high risk of sexual victimization or high risk of being sexually abusive, a referral will be made to the Program Director, and/or Director of Operations. The current intake screening considers nine criteria to assess residents for risk of sexual victimization. In addition the intake screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility in assessing residents for risk of being sexually abusive. The resident is asked during the screening and reassessment process "Do you perceive yourself as vulnerable to sexual victimization?"</p> <p>The Centre Initial Assessment/Reassessment form, a comprehensive, objective screening tool was created using a revised version of the ND Department of Correction and Rehabilitation's screening tool. This objective screening tool is scored utilizing a scoring manual, entitled, the PREA Rating Assessment Manual, and will promote scoring consistency across ND facilities. Case Managers will be reminded, via a task due in the Case Management tab of SecurManage, within 25 days of the client's entry to complete the PREA Risk Reassessment within 30 days of the resident's arrival at the facility. The housing and program assignments are made on a case by case basis based on information obtained during the screening interview. The housing and program assignments may be changed after the inmate is further evaluated by the appropriate staff. Through Residential Specialist in-take staff and case managers interviews, it was determined that the facility addresses the needs of the resident consistent with the security and safety of the individual residents.</p> <p>Based on a review of the policies, screening tool, observation of the risk screening process and interviews with staff, Grand Forks Transition is compliant with this standard.</p>

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Centre Inc. Policy #P-18 Sexual Abuse/Assault Prevention and Intervention and Policy #P-10 Referral, Admission, Intake and Orientation Processing were reviewed and address the requirement of this standard. The facility uses information from the risk screening required by §115.241 to make informed housing and bed 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>As determined by the assessment process, residents that are identified as potential or known victims and potential or known aggressors are given individualized attention. As demonstrated through policy and documentation of such team housing decisions, based on factors of vulnerability and propensity for aggression, the facility considers 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. There were no transgender or intersex residents housed at the facility at the time of the on site audit.</p> <p>Based on review of the policies, assessment process, documentation and staff interviews, Grand Forks Transition is compliant with this standard.</p>

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Centre Inc. Policy #P-18 Sexual Abuse/Assault Prevention and Intervention was reviewed and addresses the requirement of this standard. Centre Inc. established procedures allowing for multiple internal and external ways for residents to report sexual abuse, sexual harassment, and retaliation. PREA reporting methods are shared with residents at intake, during orientation, by posters throughout the facility and residents are provided a copy of Centre Inc. PREA Notice to Residential Program Participants. Residents are informed they can report verbally and in writing to staff, contact the PREA Coordinator, report to an outside agency; the North Dakota Department of Corrections or contact the Bureau of Prisons. Residents may also report allegations through third party reporting or send an anonymous note. These reporting systems were demonstrated through review of policies and procedures, facility handbook, posters throughout the facility, and interviews with residents and staff. During the resident interviews, residents indicated they felt comfortable reporting sexual abuse or sexual harassment and they know the options available to them for reporting. Staff indicated through interviews they were aware of the methods available to them to report sexual abuse and sexual harassment of residents.</p> <p>Based on a review of the policy, documentation, observation during the tour of the facility and interviews with staff and residents, Grand Forks Transition is compliant with this standard.</p>

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Centre Inc. Policy #P-6 Grievance/Administrative Remedy was reviewed addresses the requirement of this standard. The policy outlines a comprehensive administrative procedure for dealing with resident grievances regarding sexual abuse. Within this administrative procedure the following is outlined: A resident may submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. In an attempt to reach resolution, the facility will not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff an alleged incident of sexual abuse. Further, nothing in this section shall restrict the facility's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired. In addition, Centre Inc. ensures 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 the grievance is not referred to a staff member who is the subject of the complaint. Centre Inc. allows third parties including fellow residents, staff members, family members, attorneys, and outside advocates to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and permit filing such requests on behalf of residents. If the resident declines to have the request processed on his or her behalf, the facility shall document the resident's decision. There were no grievances alleging sexual abuse during the past twelve months.</p> <p>Based on a review of the policy and staff and residents interviews, Grand Forks Transition is compliant with this standard.</p>

115.253	Resident access to outside confidential support services
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1476 1086">Centre Inc. Policy #P-18 Sexual Abuse/Assault Prevention and Intervention was reviewed and addresses the requirement of this standard. Grand Forks Transition provides residents upon intake with a document called "An Overview for Clients on Sexual Abuse/Assault Prevention and Intervention" that contains addresses and phone numbers of local, state and national sexual assault hotlines and resources for confidential support services. There are accessible pay phones in the facilities and residents may use a staff phone if indigent. Residents with hearing and/or speech disabilities shall be afforded access to a Telecommunications Device for the Deaf (TDD) or comparable equipment. Residents are not allowed to use their personal cell phones within the facility however, a large percentage of residents access their cell phones and community phones when outside of the facility. Intake staff, who are usually the Residential Support Staff or Case Managers, check for understanding and guide the resident through the written material. A very lengthy list of other community-based resources available for support and therapy is also provided. Centre Inc. has entered into an MOU with a Grand Forks based crisis center to provide services. The facility informs residents at time of intake 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. Resident interviews revealed knowledge of the ability to make a report confidentially to local, state and national sexual abuse and domestic violence hotlines.</p> <p data-bbox="252 1131 1444 1220">Based on a review of the policy, MOU, support documentation and interviews with staff and residents, Grand Forks Transition is compliant with this standard.</p>

115.254	Third party reporting
	<p data-bbox="252 1417 901 1451">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 1496 526 1529">Auditor Discussion</p> <p data-bbox="252 1574 1476 1955">Centre Inc. Policy #P-18 Sexual Abuse/Assault Prevention and Intervention was reviewed and addresses the requirement of this standard. Grand Forks Transition trains staff to accept, document, and immediately refer third-party reports. Upon intake, residents receive information about third-party reporting in the comprehensive document entitled, Centre Inc. PREA Notice to Residential Program participants. PREA posters also support the process of third-party reporting, and the facility has posted methods and encouragement regarding third-party reporting relative to public access on Centre Inc.'s website. Observations during the tour of the facility found printed information and material strategically posted in the facility.</p> <p data-bbox="252 2000 1476 2089">Based on review of policy, documentation, the agency's website and interviews with residents, Grand Forks Transition is complaint with this standard.</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Centre Inc. Policy #P-18 Sexual Abuse/Assault Prevention and Intervention was reviewed and addresses the requirement of this standard. The policy requires all staff to report immediately 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. It also states that staff is not to reveal any information related to a sexual abuse report to anyone other than extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. The policy directs that all allegations of sexual abuse and sexual harassment be referred for investigation including third party and anonymous reports. The specialized and random staff interviews confirm that staff are knowledgeable of their reporting duties, the process of reporting, and to whom to report sexual abuse and sexual harassment of residents, including third-party and anonymous reports. Staff training and daily practice support the expectation staff will not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in facility policy, to make treatment, investigation, and other security and management decisions. Grand Forks Transition refers residents to community medical and mental health providers. The PREA Compliance Officer/Program Director was aware of the mandatory reporting laws regarding if the alleged victim is considered a vulnerable adult under North Dakota State statute, which mandates the agency reporting the allegation to the designated State or local social services agency.</p> <p>Based on review of the policy, training curriculum and staff interviews, Grand Forks Transition is compliant with this standard.</p>

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Centre Inc. Policy #P-18 Sexual Abuse/Assault Prevention and Intervention and Policy #P-10 Referral, Admissions, Intake & Orientation Processing were reviewed and address the requirement of this standard. The policies requires staff to take immediate action to protect any resident subject to substantial risk of sexual abuse. The policy outline the immediate action that is to be taken to protect residents who are in substantial risk of sexual abuse by removing the resident immediately from the area to a safe location. All staff interviewed knew the steps to take to protect an resident at risk for sexual abuse. Line and supervisory staff work simultaneous to take protective measures as information is reported. In the past twelve months, no resident reported feeling at imminent risk of sexual abuse or any staff reported that a resident was subject to substantial risk of imminent sexual abuse, therefore, there were no protective measures to implement.</p> <p>Based on review of the policies and staff interviews, Grand Forks Transition is compliant with this standard.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Centre Inc. Policy #P-18 Sexual Abuse/Assault Prevention and Intervention was reviewed and addresses the requirement of this standard. The policy states that upon receiving an allegation that a resident was sexually abused while confined at another facility, the PREA Compliance Officer/Program Director receiving the allegation, shall notify the head of 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 and to document the notification. In the past twelve months, no resident report an allegation of sexual abuse while confined at another facility. There were no allegations received from other facility made by former residents of Grand Forks Transitions in the past twelve months.</p> <p>Based on review of the policy, documentation and interviews with the PREA Coordinator/Director of Operations and PREA Compliance Officer/Program Director, Grand Forks Transition is compliant with this standard.</p>

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Centre Inc. Policy #P-18 Sexual Abuse/Assault Prevention and Intervention was reviewed and addresses the requirement of this standard. The policy includes a comprehensive "first responder duties" section. All staff receive training on first responder duties. Centre Inc. also has a visual coordinated response action plan entitled, "Centre Inc. Coordinated Response to PREA Incidents" which identifies the specific duties of a first responder and is posted throughout the facility and on Centre Inc.'s website. Confirmed by staff interviews, first responders were able to verbalize the required action and step required after learning of an allegation that a resident was sexually abused. An interview of a non-direct care staff indicated a clear understanding 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 Residential/Direct Care staff. In the past twelve month, there were no allegations that a resident was sexually abused.</p> <p>Based on a review of the policy, training documents and staff interviews, Grand Forks Transition is compliant with this standard.</p>

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Centre Inc. Policy #P-18 Sexual Abuse/Assault Prevention and Intervention was reviewed and addresses the requirement of this standard. The policy and the written and visual institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This written plan, entitled, "Centre Inc. Coordinated Response to PREA Incidents" uses shading, design, bulleting and categories of action which are clearly identified by the various disciplines which include staff. The diagram is in the shape of an arrow, implying guided direction throughout the coordinated response, beginning with the first responder, and ending with a formal review of the sexual abuse incident. These diagrams are posted throughout Grand Forks Transition and serve as quick reference guides to staff, and a reminder to staff and residents of Centre Inc. commitment to prevention, detection, and effective response to sexual abuse within confinement. This diagram is available on Centre Inc.'s website.</p> <p>Based on the policy, Centre Inc. Coordinated Response plan and staff interviews, Grand Forks Transition is compliant with this standard.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Centre Inc. does not have collective bargaining agreements as verified in the interview with the Executive Director. There are no 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.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Centre Inc. Policy #P-18 Sexual Abuse/Assault Prevention and Intervention and Personnel Policy #PE-44 Whistleblower Protection address the requirement of this standard. The policies establish a procedure and practice to protect residents and staff who report sexual abuse or sexual harassment or cooperates with sexual abuse or sexual harassment investigations, and from retaliation by staff or residents. It provides multiple protection measures such as housing changes, transfers to a different facility, emotional support services and removal of perpetrators have been put in place to protect all residents and staff who report sexual abuse or harassment from retaliation. A designated staff member at the facility is responsible for monitoring for retaliation. The monitoring will include any disciplinary reports, housing, or any negative performance reviews or reassignments of staff. The monitoring shall include periodic in-person status checks at least every thirty days. There is a ninety (90) day monitoring time period for retaliation review, however the time frame can be extended if warranted. In the past twelve months, there were no incidents of retaliation reported. Centre Inc. recently developed and implemented a weekly monitoring form to document retaliation monitoring.</p> <p>Based of review of the policy and interviews with the Agency PREA Coordinator/Director of Operations and PREA Compliance Officer/Program Director, Grand Forks Transition is compliant with this standard.</p>

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Centre Inc. Policies #P-18 Sexual Abuse/Assault Prevention and Intervention was reviewed and addresses the requirement of this standard. Centre Inc. only conducts administrative investigations. The PREA Coordinator/Director of Operations and two facility staff; the PREA Compliance Officer/Program Director and Program manager have been trained through Specialized Investigator training, conduct the administrative investigations. If an allegation appears to be at all criminal in nature, an immediate referral is made to the Grand Forks Police Department for investigation. The PREA Compliance Officer/Program Director is committed to act as a liaison, and makes efforts to remain informed of progress regarding the investigation. Centre Inc. follows a uniform evidence protocol to investigate sexual abuse and sexual harassment. All sexual abuse and harassment investigations are conducted promptly and objectively including third party and anonymous reports, and the use of investigators who have been specially trained in sexual abuse investigations. Based on the review of the investigations, the agency's policies, and interviews with investigators, it was determined investigations into allegations of sexual abuse and sexual harassment are done promptly, thoroughly and objectively for all allegations. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as a resident or staff. Neither Centre Inc. nor the Grand Forks Police Department require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Investigators complete a written report with investigation findings that contains a thorough description of physical, testimonial, and documentary evidence. There were no substantiated allegations of sexual abuse that were referred for criminal prosecution in the past twelve months. There were three allegations of sexual harassment reported in the past twelve months. All Investigation files were reviewed and were properly documented and organized. Administrative investigation include an effort to determine whether staff actions or failures to act contributed to the abuse. Policy requires the agency retention of all written reports pertaining to the administrative or criminal investigation (if provided criminal investigative reports) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.</p> <p>Based on the review of the policy, investigation documentation, training records and interviews with management staff, Grand Forks Transition is compliant with this standard.</p>

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Centre Inc. Policies #P-18 Sexual Abuse/Assault Prevention and Intervention was reviewed and addresses the requirement of this standard. Centre Inc. imposes a standard of preponderance of the evidence for determining whether or not allegations of sexual abuse or sexual harassment are substantiated. Interviews with the PREA Coordinator/Director of Operations and PREA Compliance Officer, (who are also Investigative Staff) and review of the policy confirms Grand Forks Transition is compliance with the standard.

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Centre Inc. Policy P-18 Sexual Abuse/Assault Prevention and Intervention was reviewed and addresses the requirement of this standard. The policy requires that all residents who make allegations of sexual abuse shall be informed of the investigation outcome whether the finding was substantiated, unsubstantiated, or unfounded. The process directs the agency notify the resident the outcome of the investigation when it is determined to be substantiated or unsubstantiated. The notification is documented in investigative file with date of notification. If the case is determined unfounded, the resident will be notified by the facility. Documentation of unfounded notifications is the written response to the resident. If the allegation was sexual abuse by a staff member, the policy requires the resident be informed of the status of the staff member in writing to include whether the staff member is no longer posted within the resident's unit, the staff member is no longer employed at the facility, the agency's learns that the staff member has been indicated on a charge related to sexual abuse within the facility, and/or the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility. If the allegation was sexual abuse by another resident, the facility informs the resident whether the alleged abuser has been indicated on a charge related to sexual abuse within the facility and/or convicted on a charge related to sexual abuse within the facility. In August, 2017 Centre Inc. developed a Notice of PREA Investigation Status form, which is used to document and notify the victim of the outcome of a sexual abuse or sexual harassment allegation. The completed form is attached to the SART.</p> <p>Based on a review of the policy, investigative files and interviews with Investigative Staff, Grand Forks transition is compliance with the policy.</p>

115.276	Disciplinary sanctions for staff
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1484 873">Centre Inc. Policy # P-18 Sexual Abuse/Assault Prevention and Intervention and the Centre Inc.'s Personnel Policies and Procedures manual were reviewed and address the requirements of this standard. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies; termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. These policies also provide disciplinary sanctions for violations of the agency's policies relating to sexual abuse or sexual harassment 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. In the past twelve months, there was no staff termination for sexual abuse or sexual harassment.</p> <p data-bbox="252 929 1428 1041">Based on review of policy, procedures, documentation and Interview with the PREA Coordinator and the Agency's professional expectations of staff, Grand Forks Transition is compliant with this standard.</p>

115.277	Corrective action for contractors and volunteers
	<p data-bbox="252 1245 901 1279">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 1323 526 1357">Auditor Discussion</p> <p data-bbox="252 1402 1484 1861">Centre Inc. Policy #P-18 Sexual Abuse/Assault Prevention and Intervention was reviewed and addresses the requirement of this standard. The policy states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, as well as to relevant licensing bodies. They are also prohibited from further contact with residents. No volunteers or contractors have been suspended or reported to law enforcement for engaging in sexual abuse of residents at Grand Forks Transition in the past twelve months. The Executive Director stated during the interview that the volunteer/contractor would be suspended from entering the facility during the investigation. If the sexual abuse case is substantiated, the volunteer/contractor would be prohibited from entering an agency facility and may be turned over for prosecution if warranted.</p> <p data-bbox="252 1917 1476 1984">Based on review of policy and interview with the Executive Director, Grand Forks Transition is compliant with this standard.</p>

115.278	<p>Disciplinary sanctions for residents</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Centre Inc. Policy #P-13 Program Rules and Discipline was reviewed and addresses the requirement of this standard. The policy states residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on resident sexual abuse. Centre, Inc. - Residential Service Contract signed by the resident also reiterates these issues. Sanctions shall be 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. The agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. Disciplinary process shall consider 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. Referrals may be made for community-based therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The facility shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits. Centre Inc. prohibits all sexual activity between residents and may discipline residents for such activity. The facility however, deems such activity to constitute sexual abuse only if it determines that the activity is coerced. Interviews with the PREA Coordinator/Director of Operations and PREA Compliance Officer/Program Director clearly represent a philosophy of positive reinforcement and redirection, as well as the use of cognitive restructuring and creative interventions to support resident success.</p> <p>Based on a review of the policy, Residential Service Contract and interviews with management staff, Grand Forks Transitions compliant with this standard.</p>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Centre Inc. Policy #P-18 Sexual Abuse/Assault Prevention and Intervention was reviewed and addresses the requirement of this standard. The policy states that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and mental health care at no cost to the resident. Grand Forks Transition does not employ medical and/or mental health staff and these services are provided to residents by a community healthcare provider. Security staff first responders will take preliminary steps to protect the victim pursuant to §115.262, and shall immediately notify the appropriate medical and mental health practitioners, according to outlined coordinated response. Residents in need of emergency and/or Sexual Assault Nurse Examiners (SANE)/Sexual Assault Forensic Examiners (SAFE) services are transported to a local hospital. Forensic examinations shall be performed by a SANE/SAFE examiner. It also indicates resident victims of sexual abuse while incarcerated shall be offered timely information about, and timely access to sexually transmitted infections prophylaxis at no cost to the victim. Interviews with Residential Specialist/First Responders, PREA Coordinator/Director of Operations and PREA Compliance Officer/Program Director support current policy and procedure. During the past twelve months there were no residents who reported sexual abuse that required emergency medical treatment and/or mental health care.</p> <p>Based on review of policy and staff interviews and a Sane provider, Grand Forks Transition is compliant with this standard.</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Centre Inc. Policy #P-18 Sexual Abuse/Assault Prevention and Intervention was reviewed and addresses the requirements of the standard. The policies outline medical and mental treatment including evaluations, on-going care, and treatment to all residents that have been victims and abusers. The services and treatment is at no cost to the residents and are consistent with the community level of care and and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Per policy, resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Interviews with Case Managers and PREA Compliance Officer/Program Director support current policy and procedure. Secondary documentation regarding referrals, timeliness of referrals and provision of services is the responsibility of the case managers overseen by the PREA Compliance Officer/Program Director. All known resident-on-resident abusers would not be held at the facility and information and referrals would be provided to the transferring facility. There were no residents who have been victimized by sexual abuse at the facility during the past twelve months.</p> <p>Based on review of the policy, documentation and interviews with staff, Grand Forks Transition is compliant with this standard.</p>

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Centre Inc. Policy #P-18 Sexual Abuse/Assault Prevention and Intervention and Policy #SP-9 Reporting and Handling of Significant Incidents, (including Critical Incidents) were reviewed and address the requirement of this standard. The policy directs that a sexual abuse incident review is conducted at the conclusion of every sexual abuse or harassment investigation, unless the allegation has been determined to be unfounded. A form entitled "Sexual Abuse Response Team (SART) Report" is used to document the reviews. The review occurs well within 30 days of the conclusion of the investigation. 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: 1) Considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2) Considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; 3) Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; 4) Assess the adequacy of staffing levels in that area during different shifts; 5) assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and 6) Prepare a report of its findings, and any recommendations for improvement and submit such report to the Agency Head and PREA Coordinator. In the past twelve months, there were no sexual abuse investigations completed, but per policy a SART is also completed after all sexual harassment investigations.</p> <p>Based on review of the policies, review of all SART reports completed in the past twelve months and Interview with the Agency PREA Coordinator/Director of Operations and Program Director/ PREA Compliance Officer, Grand Forks Transition is compliant with this standard.</p>

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Centre Inc. Policy #P-18 Sexual Abuse/Assault Prevention and Intervention was reviewed and addresses the requirements of the standard. Centre Inc. collects data for every allegation of sexual abuse, which at a minimum includes, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. This data is aggregated annually. In addition, Centre Inc. maintains, reviews, and collects data as needed from all available incident-based documents including reports, investigation files, and Sexual Abuse Response Team (SART) reports.</p> <p>Based on review of policy , annual reports and SART reports and Interview with the Agency PREA Coordinator/Director of Operations, Grand Forks Transition is compliant with this standard.</p>

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Centre Inc. Policy #P-18 Sexual Abuse/Assault Prevention and Intervention was reviewed and addresses the requirement of this standard. Per the interview with the Agency PREA Coordinator/Director of Operations, he stated on or around January 1 of each year he reviews the Sexual Abuse Response Team Reports, and tallies statistics on the number of Non-consensual Sexual Action, Abusive Sexual Contacts, Consensual Sexual Contacts, Staff Sexual Misconduct, and Sexual Harassment Incidents. The PREA Coordinator/Director of Operations forwards this information to the Agency Head for review and approval as well as the referral agencies and licensing authority oversight personnel as requested. Centre Inc. - Grand Forks Transition PREA Annual Report for 2017 is on the Centre Inc. website. There were three sexual harassment allegations reported. The report was reviewed as part of the audit process. No personal identifiers are included in the report.</p> <p>Based on review of policy, annual report and the agency's website and Interview with the PREA Coordinator/Director of Operations, Grand Forks Transition is compliant with this standard.</p>

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Centre Inc. Policy P-18 Sexual Abuse/Assault Prevention and Intervention and #SP-6 Information Practices, Confidentiality, Records and Data were reviewed and address the requirements of this standard. All data collected pursuant to §115.287 is securely retained, and maintains 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. All personal identifiers are removed prior to making aggregated sexual abuse data publicly available on Centre Inc.'s website.</p> <p>Based on review of the policies, documentation and the agency's website and Interview with the PREA Coordinator/Director of Operations, Grand Forks Transition is compliant with this standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency did ensure that each facility operated by the agency was audited at least once. During each one-year period starting on August 20, 2013, the agency ensured that at least one-third of each facility type operated by the agency was audited. The auditor had access and was able to observe all area of the facility. Auditor was able to request, review and receive all relevant documents including electronically stored documents. The auditor was permitted to conduct private interviews of staff and residents. Notice of PREA audit posted six weeks prior to start of on site audit. Interview with random residents stated they have seen the posting. No residents contacted the auditor prior to, during or after the audit. Centre Inc. meets the requirement of this standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A review of Centre Inc. website https://centreinc.org was reviewed and confirms that the agency ensures that the auditor's final reports are published on the agency's website. A review of the website found Final PREA Audit Reports for all of Centre Inc. facilities between the years of 2014 – 2017. Centre Inc. meets the requirement of this standard.</p>

Appendix: Provision Findings

115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes

115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is NO.)	na

115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na

115.213 (a)	Supervision and monitoring	
	Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?	yes

115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes

115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)	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 less than 50 residents)	na

115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes

115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes

115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes

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

115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes

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

115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes

115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.217 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na

115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	na

115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	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

115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentially or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes

115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes

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

115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes

115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes

115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?	no
	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?	no
	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?	no
	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?	no

115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility does not conduct forensic exams.)	na

115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	no

115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na

115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes

115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes

115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes

115.241 (e) Screening for risk of victimization and abusiveness		
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes

115.241 (f) Screening for risk of victimization and abusiveness		
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g) Screening for risk of victimization and abusiveness		
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

115.241 (h) Screening for risk of victimization and abusiveness		
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes

115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes

115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status?	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?	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?	yes

115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes

115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes

115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

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

115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes

115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes

115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes

115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes

115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct and form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes

115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes

115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes

115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes

115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes

115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na

115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na

115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.	yes

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued.)	yes