

PREA Facility Audit Report: Final

Name of Facility: Prairie Lakes Secure

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 09/14/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Matthew J. Bauer	Date of Signature: 09/14/2021

AUDITOR INFORMATION	
Auditor name:	Bauer, Matt
Email:	matthew.bauer@co.dakota.mn.us
Start Date of On-Site Audit:	05/17/2021
End Date of On-Site Audit:	05/18/2021

FACILITY INFORMATION	
Facility name:	Prairie Lakes Secure
Facility physical address:	1808 Civic Center Drive NE, Willmar, Minnesota - 56201
Facility Phone	
Facility mailing address:	PO Box 894, Willmar, Minnesota - 56201

Primary Contact	
Name:	Melissa Denton
Email Address:	Melissa@plypsecure.com
Telephone Number:	3202311729

Superintendent/Director/Administrator	
Name:	Jared O'Neill
Email Address:	Jared@plypns.com
Telephone Number:	320-235-0975

Facility PREA Compliance Manager	
Name:	Kyle Collins
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Facility Health Service Administrator On-Site	
Name:	Ashley Klein
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Facility Characteristics	
Designed facility capacity:	46
Current population of facility:	12
Average daily population for the past 12 months:	18
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	10-21
Facility security levels/resident custody levels:	Misdemeanor or Greater
Number of staff currently employed at the facility who may have contact with residents:	37
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	11
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Prairie Lakes Youth Programs
Governing authority or parent agency (if applicable):	
Physical Address:	1808 Civic Center Drive NE, Willmar, Minnesota - 56201
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Melissa Denton	Email Address:	Melissa@pypsecure.com

AUDIT FINDINGS

Narrative:

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

This PREA auditor provided access to PREA Online Audit System (OAS) to Prairie Lakes Youth Programs approximately 8 weeks prior to the scheduled on-site audit. The auditor confirmed with the PREA Coordinator, Melissa Denton, that she had access to enter the required agency information. The original on-site audit was scheduled for the first week in April 2021 but was postponed due to COVID-19 concerns within the facility. The onsite audit was rescheduled for and completed on May 17th and 18th, 2021. The information provided by the PREA Coordinator was detailed and available for my review 4 weeks before the original scheduled on-site audit dates. The information was detailed, comprehensive, and no requests for further information were made. The agency was provided a notice of audit that including the auditor's contact information. This information was provided 8 weeks prior to the original onsite audit date. The agency provided time stamped photos of the audit notice posted throughout their facility. This was further supported by staff and residents during the interviews who all stated seeing the audit notice posted for many weeks in the facility. The notices were directly observed by the auditor during the on-site audit. The auditor received no confidential correspondence from any residents, family of residents, or staff.

On May 17, 2021 I arrived at PLYP at 8:00am and was met by PREA Coordinator, Melissa Denton, PREA Compliance Manager, Kyle Collins, Acting Director, Jared O'Neill, and newly hired Director, Holly Booth. We met in a private conference room to discuss the schedule and logistics for the on-site audit. We discussed the process for the on-site audit, the purpose of the on-site portion, including the tour interviews, and file reviews I wished to conduct. The auditor shared the overall schedule for the audit, including what corrective action may look like and the timeline of the auditor's initial and final reports. I was provided a current admission roster for both the secure and non-secure programs. The roster indicated a population of 17 residents in the secure program and 15 residents in the non-secure program. The auditor provided a list of staff to interview prior to the on-site audit and on-site the first day was provided interview times for those requested staff interviews. The agency has no volunteers working in the facility at anytime. The agency had contracted staff working for the school, a nurse, and a therapist working during the on-site audit.

I was then led on a tour of the facilities by Melissa Denton, Kyle Collins, and Holly Booth. The tour began in the secure facility, which houses both detention and correctional treatment programs. The intake area was observed, including the search and shower areas. These areas were found to be safe and private areas for both new residents and staff. There is a desk and chair in its own room for completion of intakes, including the PREA screening. The control center area is located next to the intake area and the auditor was able to observe the camera system. The cameras had been updated and provided pictures. The resident rooms that had cameras were observed and found to have a privacy wall that provided privacy for residents to use the toilet. Next to the intake, control center, and shower area are four individual cell rooms for new intakes and segregation. All four rooms include a toilet with a privacy wall, sink, and bed that was also monitored by cameras in each room.

We then proceeded to the stairwell where the location of new cameras was observed. The cameras in all the stairwells were added after their first PREA audit. We proceeded to the outdoor recreation area which was an open fenced in area with good lines of vision for staff to supervise residents. It was noted that there are not cameras in this area and adding cameras was provided as a recommendation for future consideration. We returned to the secure facility and proceeded to the second floor where the secure detention youth are housed. All 11 detention rooms have a camera and privacy walls for use of the toilet. The detention floor includes 2 shower rooms that residents access one at a time. This floor also is home to the nurse's office and a laundry room for staff only. The detention program houses both boys and girls. At the end of the hallway is a group room that includes a "canteen area". There was one camera in this area that captured all the group gathering area, but not the canteen area. It was recommended that this "canteen area" be considered for an additional camera. We proceeded to the third floor which houses the secure correctional treatment residents. The program houses both boys and girls who are housed in separate rooms. There are 12 bedrooms, that include 5 single, 4 double, 2 triple, and 1 quadruple bedrooms on this floor. There are cameras in the hallways, but not in the individual rooms on this floor. During the tour of the secure facility the auditor observed both gender staff members announcing their presence when entering a living area. There were PREA educational posters observed in both English and Spanish.

We then proceeded to the non-secure building which is next door to the secure building. There is another outdoor recreation area between the two buildings. The residents are always under direct staff supervision in this area and there are no cameras in this area. The non-secure program is a male only program that has cameras in the hallways, but not in the bedrooms. There are four bedrooms with two beds in each and fifth bedroom for only one resident. This floor includes an intake room for non-secure intakes. This area is private and under camera providing an appropriate place for the initial PREA screening. There is a kitchen, group area, and therapy room that are all under camera. There are two bathrooms for residents on the non-secure floor that are used one at a time and provide a private area for residents to use the bathroom, shower, and dress. During the tour of the non-secure facility the auditor observed both gender staff members announcing their presence when entering a living area. There were PREA educational posters observed in both English and Spanish. The basement area of this building was used by the non-secure program as their school area while the third floor was used as the secure residents school area. Both floors were toured and observed by the auditor. There were two classrooms in the basement and four

classrooms on the third floor. The classrooms were open areas with good sight lines and cameras for additional supervision. The hallway and classrooms were both monitored by staff and cameras. Throughout the tour the secure and non-secure facility the agency's staffing ratio of 1 staff to 8 residents was observed and was being followed.

The remainder of day one of the on-site audit was used to conduct both staff and resident interviews. The staff and resident interviews were conducted in private conference rooms in both the secure and non-secure facilities. On May 17, 2021 there were 17 residents in the secure program, 15 male and 2 females, and there were 15 male residents in the non-secure building. The ages of the residents ranged from 13-18 years old. I randomly selected residents from the rosters that were provided to me. During the on-site audit I interviewed 18 residents, 17 males and 1 female. The only other female resident on-site refused to be interviewed. Of the 18 residents interviewed I was also able to complete 9 targeted resident interviews. I interviewed 5 residents that were identified as either at risk of victimization or perpetration of sexual misconduct during the intake PREA screening. I interviewed 2 residents identified as having lower cognitive abilities, 1 resident who was currently on disciplinary room time status, and 1 resident that identified as LGBTI. There were residents interviewed who had been in the facility only a few days and residents interviewed that had been there for several months. The residents were selected both randomly and through review of the resident's completed PREA screenings.

During day one of the on-site audit I was able to conduct several staff interviews. On the first day of the on-site audit it was reported that the agency had 47 employees. I began my staff interviews by interviewing the PREA Coordinator and PREA Compliance Managers. I then interviewed together the Acting Director and recently hired Director. I continued to interview staff over the course of both the first and second days of the on-site audit. In total, I interviewed 16 staff, including staff from all shifts. The interviews included interviews for specialized staff that included: Medical and Mental health staff, Human Resources staff, Investigative staff, staff that complete residents screenings for risk of victimization and abusiveness, staff who supervisor residents in isolation, incident review team members, and designation staff members charged with monitoring for retaliation. The auditor was able to interview all necessary staff to assist with determination of PREA standards compliance. Staff interviewed ranged from staff who were new within the past year to staff that had many years of experience working at PLYP.

The remaining time of day two of the on-site audit was spent with the PREA Coordinator and me reviewing documentation. The facility reported a total of four sexual misconduct investigations in the past 12 months. There was one youth on youth allegation of sexual abuse and this case was investigated by law enforcement and determined to be substantiated. There were three cases of youth on youth sexual harassment investigated and two case were found to be substantiated and one case unfounded. The investigation files were provided to the auditor and thoroughly reviewed. At the time of audit there were no active investigations. This auditor reviewed resident screenings and PREA education records, staff training records, employee background checks, along with the investigation reports. The onsite audit concluded with a meeting with the Director, PREA Coordinator, and PREA Compliance Manager. We discussed the many strengths of the agency's plan to keep staff and residents safe from sexual misconduct. We also discussed the PREA standards that they will need to address and through this discussion we developed a 90-day corrective action plan that would bring them into full compliance with all standards. The agency was fully cooperative and responsive to the requests of the auditor, which was appreciated.

AUDIT FINDINGS

Facility Characteristics:

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

The Prairie Lakes Youth Programs (PLYP) located in Willmar, Minnesota provides secure detention and correctional treatment programs for both juvenile males and females. PLYP also offers a non-secure treatment program for juvenile males on the same campus as the secure programs. Both the secure and non-secure programs are licensed by the Minnesota Department of Corrections. The secure program is licensed for 46 residents while the non-secure program is licensed for 17 juveniles. On the day of the onsite audit there were 17 secure residents and 15 non-secure residents. Both the secure and non-secure programs have a staffing ratio of 1 to 8 during awake hours and 1 to 16 during sleep hours. The secure program has two living areas and the non-secure program has one living area. The living areas are long hallways with the resident's rooms location on both sides of the hallway. These hallways include a shared bathroom for residents that includes a private shower, toilets, and sinks. The resident rooms include a combination of single, double, and triple bedrooms. The facility uses the single bedrooms for residents that score on the PREA screening for at risk of victimization or at risk of perpetration of sexual misconduct. The multi-bedrooms are used for residents who do not score on the PREA screening for risk of victimization or risk of perpetration of sexual misconduct. The residents risk levels are reviewed regularly and well within PREA standards.

The secure program houses both male and female residents, while the non-secure program houses males only. The females in the secure program are housed in separate rooms from the male residents and their rooms are located at one end of the hallway. Each resident room has a toilet, sink, and privacy wall. The wall provides privacy during staff room checks and the view from the camera. There are also shared private bathrooms and shower rooms that the residents can use and are used by one resident at a time. This allows the residents options to change clothes or use the bathroom in a private manner in compliance with the PREA standards. The male and female residents in secure program together with several safety policies and practices in place to maintain safe boundaries. These policies and practices include female clients line up at the back of the line when moving through the facility, during group activities (meals, school, etc.) the female residents always sit at different tables. In the secure facility there is a recreation area at that includes chairs, tables, games, and TV. The recreation area is monitored by cameras and by direct staff supervision provided under their 1 to 8 staffing ratios in the agency staffing plan. Meals are delivered and the residents eat in the group rooms.

There is an outdoor recreation area for the secure program that is fenced in and provides an ample space for outdoor recreation. The residents are monitored closely by staff in this area as there are no cameras. Between the secure and non-secure buildings is another outdoor area that is used by both secure and non-secure residents. This area also is closely monitored by staff, but not by cameras. This area leads to the non-secure program in a separate building. The non-secure resident's area has cameras in the hallways, group rooms, dining area, and classrooms, but not in each bedroom. The third floor of this building is used by the secure residents who walk to this building and up a secure hallway with cameras to attend classes. All hallways and classrooms include camera coverage along with direct staff supervision. There is an elevator in the secure facility is used to escort residents who are being moved to secure placement.

AUDIT FINDINGS

Summary of Audit Findings:

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

Number of standards exceeded:	0
Number of standards met:	43
Number of standards not met:	0

There were four PREA standards where the agency was not fully in compliance at the time of the onsite audit. The agency immediately began to address their compliance with these standards. The agency and auditor agreed to a 90-day Corrective Action period and the agency's compliance with these four standards will be reassessed at that time. Below are the four compliance concerns.

PREA Standard 115.313 (e) requires each secure facility shall implement a policy and practice of having intermediate-level or higher-level supervisor conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. The agency is creating a 12-month schedule for unannounced rounds and will provide the auditor with documentation of 3 completed unannounced rounds and the schedule to the auditor within the 90-day corrective action period.

PREA Standard 115.315 (f) requires the agency to train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The agency will provide the auditor with signed and dated documentation of the staff training on cross-gender pat-down searches within the 90-day corrective action period.

PREA standard 115.334 (a-c) requires the agency to ensure that to the extent agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. The agency will provide documentation of the completed investigator training within the 90-day corrective action period.

PREA standard 115.386 (d)(6) requires the agency to prepare a written report of findings, including but not necessarily limited to determinations made pursuant in paragraphs (d) (1) - (d)(5). The agency will provide written documentation of their incident review team's review of the one case of substantiated resident to resident sexual abuse. The written review will be provided within the 90-day corrective action timeline.

The agency provided confirmation of completion of these corrective actions between July 28th, 2021 and September 10, 2021. The auditor was provided documentation of a cross-gender pat down searches that included staff signatures and dates. On September 10th the auditor was able to verify with staff their participation and completion of this training. On September 10th, 2021 the agency provided the auditor with written documentation of completion of investigation training. On July 28th, 2021 the agency provided the auditor their written documentation of their incident review of the one case of substantiated resident to resident sexual abuse. The agency is now in full compliance with all PREA standards.

Standards**Auditor Overall Determination Definitions**

- Exceeds Standard
(Substantially exceeds requirement of standard)

- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)

- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 197 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 616">Prairie Lakes Youth Program's (PLYP) provided policy 115.311 during the pre-audit phase. The policy was reviewed by the auditor and found to detail their compliance efforts with PREA standard 115.311 (a, b, and c). The policy includes the agencies zero tolerance of all forms of sexual abuse and harassment. The policy includes their efforts to prevent, detect, and respond to any known or suspected cases of sexual abuse and sexual harassment. During the staff interviews all staff explained an understanding of this policy. The agency has a PREA Coordinator and a PREA Compliance Manager to monitor and implement their PREA efforts in both their secure and non-secure programs. During the pre-audit phase, I was provided with an organizational chart which identifies both positions in the organization's hierarchy. During the onsite portion of the audit I interviewed both the compliance manager and the coordinator. Both stated they have the time and authority to successfully implement and monitor the agencies PREA compliance efforts. They both had a good understanding of the PREA responsibilities and how to complete these duties.</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Prairie Lakes Youth Programs (PLYP) does not contract with other agencies to provide confinement of their residents. This was determined during the interview with the Director and confirmed by other upper level managers, including the PREA Coordinator and Compliance Manager. This standard is not applicable.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1485 633">Prairie Lakes Youth Programs (PLYP) provided their PREA policy during the pre-audit phase. The policy details their staffing plan, including a 1 to 8 staff to resident ratio during awake hours and a 1 to 16 staff to resident ratio during sleep hours. The auditor was able to observe the staffing ratio during wake hours during the on-site portion of the audit. Interviews with overnight staff indicated compliance with the 1 to 16 staffing requirement during sleep hours. The policy also includes a requirement to have at least one female or male staff member at all times. Furthermore, any deviations from the staffing plan must be documented, per policy. During on-site interviews with the Director, Compliance Manager, Coordinator, and other upper level staff they all reported regular reviews of the plan that take into consideration sub-factors of PREA standard 115.313 (a). They reported no incidents in the past 12 months where the staffing plan was not followed. During the staff interviews their compliance with the staffing plan was supported by staff responses. PLYP does count the school staff provided by the local school district in their staff ratios. The training records of the school staff were reviewed, and school staff were interviewed to confirm the school staff's training met the standard so they could be included in the staffing plan.</p> <p data-bbox="242 665 1485 790">The agency does have a policy that requires upper level managers to conduct random unannounced rounds during all shifts. The review of documentation provided and reviewed indicated concerns with compliance with this standard. During interviews it was confirmed that the agency was not in full compliance with this standard and during the corrective action period will need to develop a plan to meet this standard and document these unannounced rounds.</p> <p data-bbox="242 822 1477 981">On August 24th, 2021 the agency provided documentation of 3 completed unannounced rounds in the past 30 days. They also provided a schedule for the next 12 months of unannounced rounds that included members of their management team. Also, during a phone call with the PREA Coordinator on 9/10/21 she stated that unannounced rounds had occurred and verified the schedule for the coming years. This completes their corrective action for this standard and they are now in full compliance with PREA standard 115.313</p>

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 622">PLYP provided their PREA policy, which was reviewed during the pre-audit phase. The policy prohibits staff from conducting cross-gender pat searches, strip searches, and visual body cavity searches, which are only performed by medical practitioners and in the case of emergency or other exigent circumstances. There were no incidents in the past 12 months that required documentation. This policy meets the requirements of PREA standard 115.313 (a, b, c, e, and f). The agencies compliance with these standards was confirmed during the onsite audit interviews with staff and residents. All residents interviewed reported never being searched or patted down by opposite gender staff. All staff interviewed reported they would not search or pat down opposite gender residents and staff reported no incidents where same gender staff or law enforcement personnel were not available to complete these searches. At the time of the onsite interview there we no youth that had identified as transgender or intersex in the facility. This was reported by staff and the resident's intake screenings were also reviewed.</p> <p data-bbox="229 622 1509 846">PREA standard 115.315 (d) requires staff of the opposite gender to announce their presence when entering a living area that enables 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. Compliance with this standard was confirmed through review of agency policy, direct observation of staff announcing during the on-site audit, and confirmation of staff announcing their presence during both resident and staff interviews. Both residents and staff were consistent in reporting that this announcing occurs and is required.</p> <p data-bbox="229 846 1509 981">During the staff interviews there was not a consistent recall of receiving training on opposite gender youth or an overall understanding of how to conduct cross gender searches. This standard, 115.315(f) will be addressed during the corrective actions period and then reviewed by the auditor to determine compliance in the final report.</p> <p data-bbox="229 981 1509 1178">On July 28, 2021 the agency provided the auditor with signed documentation indicating that all their staff had completed training on cross-gender searches. On September 10, 2021 the facility submitted the final corrective action to this auditor. The auditor than interviewed a staff via phone to verify that the cross-gender searches training had occurred. The staff was able to describe in detail the training they had received. The agency is now in full compliance with PREA standard 115.315.</p>

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1477 734">The agency's PREA Policy was provided and reviewed during the pre-audit portion of the audit. The section "Prevention Planning" details their compliance efforts with PREA standard 115.316. The policy states and all interviewed staff reported that they do not use resident interpreters, readers, or other types of resident assistants to assist other residents who are limited English proficient in reporting sexual abuse or sexual harassment. The most common language spoken at the facility is English and Spanish is the second most common primary language. All facility PREA education materials and posters were reviewed by the auditor and are available to residents in both English and Spanish. There were no non-English speaking residents to interview during the on-site interviews. There were three residents identified as having cognitive disabilities and all three shared an understanding of PREA education materials and the facilities Zero Tolerance Policy during their targeted interviews. They were able to state how to make a report of sexual abuse or sexual harassment. Agency policy requires refraining from using resident interpreters as required by standard 115.316(c). The agency has access to a language line for interpreter services and staff reported using these services, when necessary. PLYP has an MOU with Safe Avenues for victim services and how to access these services is provided to residents in their educational materials and posters throughout the facility. This auditor spoke with Safe Avenues during the pre-audit phase and they confirmed access to interpreter services.</p>

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 781">The agency provided their PREA policy that details their compliance efforts with PREA standard 115.317. The policy is thorough in detailing their hiring and personnel practices that align with the PREA standard. The agency will not hire staff who engaged in sexual abuse in confinement settings, as well as persons convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, implied threats of force or coercion. Furthermore, they consider incidents of sexual harassment when making hiring or promotional decisions. During the onsite audit representatives from their Human Resources Department that work closely with the facility were interviewed. They confirmed compliance with these standards. They reported all potential staff, contractors, and volunteers are required to submit to a background check that includes criminal history through the Minnesota Bureau of Criminal Apprehension and a review of the child abuse registry maintained by the MN Department of Human Services. All current employees had a criminal background check completed in the past 6 months and by policy have a criminal background check completed every 5 years. Documentation of the required checks was reviewed by the auditor. Agency policy and staff interviews confirmed that omissions regarding sexual misconduct shall be grounds for termination and policy allows for Human Resources to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer. The interview with the new Director and acting Director confirmed an understanding of the policy and related practices.</p>

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1490 533"> PLYPs provided their PREA policy in the pre-audit phase which details their compliance efforts with PREA standard 115.318. PLYPs has not completed, nor are they planning any renovations or expansions. The agency did add new and updated cameras to their current facilities. The new cameras were placed in the stairways and installed after their previous PREA audit 3 years ago. The additional cameras were installed to enhance the agency's ability to protect residents from sexual abuse and sexual harassment. During the onsite tour all cameras were observed, and all areas were identified with the facility on areas for additional cameras. During the interview with the Director and Agency Head they expressed an understanding and commitment to resident safety and the role cameras and technology can play in supporting resident safety. </p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency provided their PREA policy during the pre-audit phase, which details their compliance with PREA standard 115.321. The agency refers investigations of sexual abuse to local law enforcement. The agency has MOU's with the Willmar Police Department and The Kandiyohi Sheriff's Department. The signed MOU's detail an agreement between the local law enforcement agencies and PLYP to conduct investigations of sexual abuse at the facility in the manner required by PREA standard 115.321. PLYP also provided an MOU with Safe Avenues to provide victim services to victims of sexual abuse at the facility. This auditor did contact Safe Avenues prior to the on-site audit, and they were able to detail an understanding of their role in providing victim services to the residents of the facility. Lastly, PLYPs provided an MOU with Carris Health-Rice Memorial Hospital that clearly defines the role of Carris Health-Rice Memorial in providing medical services to victims of sexual abuse in compliance with PREA standard 115.321. The MOU's all clearly detailed the roles of law enforcement, medical services, victim services and PLYPs.</p>

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 714">The agencies PREA policy requires all allegations of sexual abuse and sexual harassment are investigated. The agency provided their MOU with local law enforcement agencies that details their role in conducting investigations of sexual abuse in the facility. The agency had one criminal investigation of resident on resident sexual abuse and the referral to law enforcement was documented. The one abuse investigated was substantiated and the perpetrator was referred for criminal charges and removed from the facility. The agency provided all their documentation of their administration investigations during the on-site audit for review. The agency will conduct non-criminal investigations of harassment and refer all criminal investigations to law enforcement per the MOU. There were 3 cases of resident on resident sexual harassment in the past 12 months that were investigated by facility investigators. The investigations of the harassment cases found 2 cases to be substantiated and 1 was determined to be unfounded. The 1 case of resident on resident sexual abuse was referred to law enforcement and found to be substantiated. The website was reviewed, and the agency PREA policies are posted as well as a yearly summary report of investigations as well. Interviews with staff demonstrated an understanding of law enforcement conducting investigations, how to make reports for investigation, and who conducts their internal administrative investigations.</p>

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PLYP provided their PREA policy during the pre-audit phase. The policy was reviewed and determined to comply with PREA standard 115.331. All staff interviewed reported an understanding of their roles in prevention, detection, and responding to any known or suspected allegations of sexual abuse or sexual harassment. All staff knew the agency's Zero Tolerance Policy on sexual abuse and sexual harassment. A review of training records provided showed the dates of the staff training and included confirmation of staff training through signatures with dates. The training curriculum reviewed meets all the requirements of the PREA standard 115.331, including training specific to staff that work with both male and female residents.</p>

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 548">A review of PLYP PREA policy found it to be in compliance with standard 115.332. The policy requires contracted staff and volunteers to complete PREA training and document the completion of training with a signature. During the on-site audit there were no volunteers and the facility does not allow for volunteers at anytime. These restrictions on volunteers had been in place for more than the past 12 months. The pandemic also limited the number of contracted staff allowed into the facility over the past 12 months. The auditor did interview a contracted teacher and chemical dependency therapist. Both contracted staff understood the agency's Zero Tolerance Policy and how to respond to any suspicions or knowledge of sexual abuse and sexual harassment. A review of training records provided showed all the contracted staff interviewed had completed the required training and signed a form stating so. The signed documentation is maintained by the agency.</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1490 365">PLYP provided their PREA policy during the pre-audit phase. The policy was reviewed and found to detail their compliance with PREA standard 115.333. At the initial resident intake, staff will review the Zero Tolerance Policy and provide educational materials to residents regarding their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting.</p> <p data-bbox="242 371 1490 667">The residents sign off that they have received the information and understand their rights. The signed documents are saved into the resident's file and were provided to the auditor for review. The auditor interviewed staff who complete intakes on new residents and all staff reported screening residents for risk of sexual victimization or risk of sexually abusing other residents during this intake process. They also reported providing all residents the PREA education materials and ensuring that the resident understands their rights. Within 10 days the PREA Coordinator will meet with each resident one to one and review the PREA video, while ensuring that the resident has a clear understanding of the information. This meeting within 10 days is documented and includes a resident signature indicating they understand their rights and how to report allegations. All staff reported the use of a language line or staff interpreters when they were working with a non-English speaking resident. The resident educational brochure is provided in both English and Spanish.</p> <p data-bbox="242 674 1490 936">During the onsite audit there were 10 residents interviewed in the secure building and 9 residents interviewed in the non-secure building. The residents understood their rights to remain free from sexual abuse and sexual harassment. They understood how to report concerns, including reporting verbally to staff or a trusted adult, anonymously by writing a grievance report and putting it in the drop box, or by calling a third party, such as, Safe Avenues or the PREA hotline. The auditor verified with Safe Avenues prior to the onsite audit that they would take reports from residents and make sure they were investigated by the proper authorities. Along with the initial educational materials provided there were educational posters throughout the facilities that provided more education and guidance to the residents. These posters were observed and found to be in both English and Spanish.</p>

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 479">The agency provided their PREA policy which states all criminal investigations of sexual abuse will be referred to law enforcement. The agency also provided their MOU with law enforcement that detail their role in investigations. During the on-site interviews with the PREA Coordinator and PREA Compliance Manager it was determined that PLYP does conduct administrative investigations that are not criminal. There was no documentation of this training being completed at the time of the on-site audit. The agency will be provided information about investigation training and those staff that conduct investigations will provide documentation of their completion of the training within the corrective action period.</p> <p data-bbox="229 479 1509 795">On 9/10/21 the auditor was notified that the agency managers who complete administrative investigations had completed their review of PREA Investigator training. The agency reviewed a PREA investigation video and handout located in the PREA Resource Center Library. On 9/10/21 I spoke with the PREA Coordinator who described the training and was able to detail their role in completing administrative investigations. The training including information on how to substantiate an allegation for administrative findings. The coordinator again reiterated that they do not conduct any form of criminal investigations and that at any point the investigation appears to possibly be criminal they will refer to local law enforcement agencies as detailed in their recently updated MOUs. The agency is now in full compliance with PREA standard 115.334.</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 197 1509 264">Auditor Discussion</p> <p data-bbox="229 264 1509 515">The agency's PREA policy was reviewed and details their compliance efforts with PREA standard 115.335. Prairie Lakes Youth Programs contracts with a therapist to provided mental health services, a public health nurse to provide medical services, and chemical dependency therapist to provide treatment. During the on-site audit the three contracted staff were interviewed, and all shared they were trained in and understood their roles in preventing, detecting, and responding to sexual misconduct in the facility. The agency provided and maintains training records for all contracted staff that work in the facility. The agency has an MOU with Carris Health-Rice Memorial Hospital to provide SANE examinations in the event of an alleged sexual assault.</p>

115.341	<p data-bbox="229 69 1509 1220">Obtaining information from residents</p> <p data-bbox="229 1220 1509 1310">Auditor Overall Determination: Meets Standard</p> <p data-bbox="229 1310 1509 1377">Auditor Discussion</p> <p data-bbox="229 1377 1509 1646">The agency's PREA policy was reviewed and found to detail their compliance with PREA standard 115.341. The policy requires each resident to be screened within 72 hours of intake and periodically throughout their stay. The screening tool was provided, reviewed, and found to contain all the necessary requirements of standard 115.341 (c). This includes information about the youth's history of perpetration, victimization, and the youth's perception of their own risk. There are areas of the screening tool for staff observations of risk. These risk areas include the youth's size, stature, and behaviors. The tool measures the youth's risk of victimization and perpetration by assigning a risk score after staff have asked questions, recorded observations, and reviewed records. The tool provides clear direction to staff on how to record and complete the tool. This auditor found the screening tool met all the requirements of this standard.</p> <p data-bbox="229 1646 1509 1915">During the onsite audit the auditor interviewed multiple staff who administer screenings with the youth at intake. The staff interviewed had a good understanding of the screening process and the overall purpose of screening youth for risk of vulnerability and risk of perpetration. The staff gather information to complete the screenings from conversations with the youth, reviewing records, observations, medical and mental health screenings, and other relevant documents in their file or obtained for collateral resources. The facility uses the results of the screening to determine the safest housing assignments and programming assignments. The facility has both single and double rooms and uses the screening results to determine if a youth is safe in a double room or requires a single room. Interviews with the staff that completes the screenings and the PREA Coordinator who reviews the screenings within 10 days of intake supported the use of the screening in determining housing and programming for residents. They also reported the screening is always completed and the initial intake and always within 72 hours of intake. The completed screening is saved into the facility's information system and controls are in place that allows access to staff that need the information and protects the privacy of the youth. During the staff interviews there was an understanding shared by staff regarding the intent of the screening that the information in the screening was private and confidential.</p> <p data-bbox="229 1915 1509 2116">During the resident interviews the residents reported being asked the screening questions at intake. Most residents reported being asked these questions within hours of their intake and never longer than 24 hours. The PREA Coordinator and PREA Compliance manager review housing assignments weekly to determine if changes need to be made. They use information in the screening instrument and information gathered afterwards to assist in these housing assignments.</p>
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 398">The agency provided their PREA policy during the pre-audit phase. The policy was reviewed and found to detail all the requirements of PREA standard 115.342 "Placement of Residents". The facility immediately considers the results for the risk screening and other information learned to determine appropriate and safe bed, work, education, and program assignments. This was verified through the staff interviews and review of completed screenings and the room assignments of the residents.</p> <p data-bbox="229 398 1509 631">The staff assigned to complete the screenings were consistent in their understanding of this policy. The PREA Coordinator and Compliance Manager lead weekly team discussions where resident risk levels are reassessed and used to determine future bed, work, education, and program assignments. This weekly review may include further interviews and screening of residents. The agency's policy prohibits placing lesbian, gay, bisexual, transgender, and intersex residents in housing or bed assignments solely based on that identification. This was supported throughout the staff interviews. They determine appropriate housing for transgender and intersex residents in a manner that is compliance with PREA standard. All residents can shower alone and separate from others as reported throughout staff and resident interviews.</p> <p data-bbox="229 631 1509 916">The agency policy also requires that residents may only be isolated as a last resort when less restrictive measures cannot keep them safe and that any use of isolation for these purposes is clearly documented and includes why less restrictive measures were not used. . During any such isolation the resident would be allowed all their rights as required by the PREA standard. There was one case of resident to resident sexual abuse and both residents were separated and not denied their individual rights as required by the PREA standard. This is also consistent with State licensing standards which require thorough documentation of use of disciplinary room time and that youth on this status are not denied basic rights, including access to medical and mental health services. There were no residents who identified as transgender or intersex at the time of the onsite audit.</p>

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 714">The audit of the agency's compliance with PREA standard 115.351 included a review of the PREA policy, observation, and interviews with staff and residents. The policy clearly defines that residents can report allegations of sexual abuse and sexual harassment verbally, in writing, and with third parties. The resident education materials reviewed inform the residents of how to make these reports. The agency has an MOU with Save Avenues to provide victim services and this auditor contacted Safe Avenues during the pre-audit phase and they confirmed that they are a third party entity that residents at the facility may call and report allegations of sexual misconduct. During on-site interviews with residents they all understood that they could report verbally to a trusted staff member, in writing with the grievance boxes located throughout the facility, and by calling the PREA hotline or Safe Avenues. The residents reported confidence in their ability to make these notifications confidentially and with an adequate level of privacy. The auditor observed the grievance boxes and found writing materials available for residents to make the report. During staff interviews staff were able to articulate how they would make a report to supervisor or administration when they suspect any form of sexual misconduct. The staff were also able to identify multiple people to report to that have the authority and training to address the allegation in the event the allegation involved someone they would normally report to.</p>

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency provided their PREA policy in the pre-audit phase and this policy details their compliance efforts with PREA standard 115.352. The policy allows residents, parents, professionals, and third parties to file grievances related to alleged sexual abuse and when a youth may be in imminent danger of sexual abuse. The agency assures that such grievances can be submitted in private manner and without the subject of the grievance being notified. The policy details timelines required by the PREA standards, including when they will respond and when extensions may be used. All emergency grievances are immediately forwarded to non-involved management staff and there is an immediate response to the grievance. Per policy, residents are only disciplined when the agency can demonstrate the resident filed the grievance in bad faith. A review of grievance reports that alleged sexual abuse or sexual harassment were reviewed and found included a review of the agency's response to the grievance. The review found the agency response was immediate. The interviews with the staff also supported that the policy is followed, including an immediate response to grievance within the 48-hour limit in standard 115.352 (f).</p>

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 591">The agency provided their PREA policy and their MOU with Safe Avenues during the pre-audit phase. The policy details the agency's compliance efforts with PREA standard 115.353 The MOU details an agreement between the agency and Safe Avenues to provide victim services to residents of the facility. This auditor spoke with Safe Avenues during the pre-audit phase and they confirmed their role in providing confidential victim services to victims of sexual abuse, including residents from Prairie Lakes Youth Programs. Contact information is provided on PREA posters throughout the facility and included on the PREA educational materials provided to each youth at intake. The residents can keep the PREA educational materials in their rooms throughout their stay. The information is always available to them. The residents reported in their interviews an understanding of the services Safe Avenues provides and how to contact them. The residents shared they believe that this call would be private, and this was supported during staff interviews.</p> <p data-bbox="229 591 1509 736">There were 19 resident interviews during the on-site audit phase. The residents consistently shared with the auditor their ability to have access to their legal representatives, as needed. Their ability to contact their attorneys was described as reasonable and confidential. Residents also reported access to parents and legal guardians through phone calls, on-site visiting, and virtual visiting.</p>

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency's PREA audit was provided and reviewed. The policy details their compliance efforts with PREA standard 115.354. The agency provides a third-party reporting form on its website. This form was reviewed by the auditor and located on the agency's website. The agency also provided a parent letter that is mailed to all parents. This letter includes information for the parents on third party reporting of sexual abuse and sexual harassment. The facility has information available to all visitors that informs them how to make a report.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 680">During the pre-audit phase the agency's PREA Policy was provided and reviewed. The policy was found to detail their full compliance with PREA standard 115.361. Per policy, staff report immediately any knowledge or suspicion of sexual abuse or sexual harassment; retaliation against the person who made the report, and any incidents of staff neglect of their responsibilities that may have contributed to the incident. During the on-site staff interviews all staff from all shifts expressed an understanding of the policy and consistently stated their response would be immediate. Staff shared the names of managers they would make the report to and understood the expectations of confidentiality. The staff interviews included medical and mental health staff. Both staff have received training and were able to share an accurate knowledge of their role in reporting and responding. The on-site interviews with the PREA Coordinator, PREA Compliance Manager, and Agency Director indicated they all understood their role. They reported an immediate response to all reports that included an investigation into all allegations. The facility conducts administrative investigations when the allegation is clearly non-criminal and refer all possible criminal investigations to law enforcement. The review of training records and staff responses confirmed an understanding of Mandatory Reporting Laws.</p>

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1481 501">The agency's PREA policy requires an immediate response when staff suspect or become aware of any imminent risk of sexual abuse to a resident or residents. The policy was reviewed and meets the requirements of PREA standard 115.362. Interviews with all staff confirmed an understanding of this expectation. The interviews with Director, PREA Compliance Manager, and PREA Coordinator supported the policy. There is an expectation of an immediate response that provides immediate safety to the residents. This expectation is shared and understood throughout the agency. The staff were able to articulate how they would respond and how they would separate the alleged/potential victim from the alleged/potential perpetrator.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1493 434">The agency's PREA policy was provided and reviewed during the pre-audit phase. The policy requires the agency to notify the facility director of the agency where the alleged abuse occurred with 72 hours, notify the appropriate investigating agency, ensure that an investigation occurs in accordance with PREA standards, and documents these reports. During the on-site interviews with the Director they understood their responsibilities required by policy and PREA standards. There were no reports to other agencies in the past 12 months.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 512">Per agency policy staff must separate the alleged victim and perpetrator from both sight and sound, inform the victim they are required to report the incident, secure and protect the crime scene, and remain with the victim to provide support and safety. The staff are required to request victims do not take actions that may destroy evidence and staff are required to ensure the perpetrators do not destroy evidence. The facility staff were able to explain throughout the interviews responsibilities in meeting the requirements of policy and PREA standard 115.364. The staff explained that they have received this training and the information is also provided in a staff pamphlet. Staff were also able to detail reasonable actions to ensuring an alleged perpetrator does not destroy evidence and appropriate responses to supporting the victim and contacting victim services.</p>

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency provided their written Sexual Abuse Plan that details their institutional plan to coordinate actions amongst first responders, medical and mental health practitioners, investigators, and facility leadership in response to incidence of sexual abuse. The facility director or designee is the coordinator of their institutional response. During interviews the Director had knowledge and understanding of how this plan would work. The facility had one case of alleged sexual abuse and that file was reviewed and the response appeared in line with the written coordinated plan.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA policy and Labor Agreement were provided and reviewed. The contract reviewed does not limit the agency's ability to remove alleged sexual abusers from contact with residents pending the outcome of an investigation or determination of discipline. Their compliance with this standard was further supported during interviews with the Agency Head and their Human Relations Representatives.

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1493 528">The agency's PREA policy requires residents and staff are protected from retaliation when they report sexual abuse or sexual harassment or when they cooperate with an investigation of sexual abuse or harassment. This policy requires protection from both residents and staff and the policy establishes a 90-day monitoring period for retaliation. During the weekly team meetings, the PREA Coordinator and PREA Compliance Manager review cases for potential retaliation. This monitoring includes periodic status checks. The onsite interviews with staff indicated compliance with this policy and PREA standard. The coordinator and compliance manager understood their role in monitoring for retaliation. The Director and other administrators were aware of their responsibilities to monitor staff for retaliation. The agency has a policy and plan that is understood by those responsible for it.</p>

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency's PREA policy was provided and reviewed. Per policy, the use of segregated housing to protect a resident who is an alleged victim of sexual abuse is subject to the requirements of PREA Standard 115.342. During interviews the staff reported only using isolation as a last resort and that residents would have access to their basic rights, including access to education and exercise services. The Director, Compliance Manager, and Coordinator stated that use of isolation is reviewed daily, but never longer than every 30 days.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 190 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 683">The agency provided their PREA policy and their MOUs with both the Kandiyohi Sheriff Department and the Willmar Police Department. The documents were reviewed by the auditor and provide the guidelines and agreements for compliance with PREA standard 115.371. The agency will conduct an administrative investigation to the point they determine it may be a criminal case. When this determination is made, they refer the investigation to one of the two law enforcement agencies they have an MOU with. All administrative investigations are conducted by facility administrators, PREA Compliance Manager, and the PREA Coordinator. The administrative investigation files and one criminal file was reviewed. The files included information required in PREA standard 115.371 (g). The review of the criminal investigation found the agency was in regular contact with the investigative updates and the matter was eventually referred for criminal charges. This auditor interviewed the Director and PREA Coordinator regarding their administrative investigations. All administrative investigations are documented and stored with the coordinator. They reported receiving training on PREA investigations online through the National Institute of Corrections. They were able to detail an investigation process that started immediately and maintained the safety of the alleged victim throughout the investigation.</p>

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency has a policy that does not impose a standard higher than preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The policy was followed in the auditor's review of the investigation files and supported by the interviews with the facility's administrative investigators.

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1484 465">During the pre-audit phase the agency provided their PREA policy and MOUs with both the Kandiyohi Sheriff Department and the Willmar Police Department. Both documents were reviewed by this auditor and found to detail their compliance with PREA standard 115.373. The MOU requires law enforcement to update the agency on the progress of all criminal investigations. The policy requires that the alleged victim is updated on the outcome of the investigation as required by PREA standard 115.373. The interview with the PREA Coordinator confirmed the notification of the investigation outcome to the one victim of alleged resident to resident sexual abuse in the past 12 months.</p> <p data-bbox="244 499 1484 622">Per agency policy, if a staff member is the alleged perpetrator of sexual abuse against a resident, the agency will take measures to protect the alleged victim and will inform the victim of the measures taken. This includes informing the alleged resident victim that the staff member is no longer posted in the resident's living areas, the staff member has been terminated or indicted or convicted. In the past 12 months there have been no such allegations and investigations.</p>

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1469 528">The agency's PREA policy was reviewed during the pre-audit phase. The policy includes a section "Discipline" that details the agency's compliance efforts with PREA standard 115.376. Per the policy, staff members are subject to disciplinary sanctions up to and including termination for violating agency sexual harassment and sexual abuse policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse and all terminations for violations will be reported to law enforcement, unless clearly not criminal. The agency reports all allegations of staff sexual abuse to their licensing body, the MN Department of Corrections and the also the MN Department of Human Services for a maltreatment investigation. During interviews with the Director and PREA Coordinator there was a clear understanding of this policy shared by both. There have been no staff incidents of sexual abuse or sexual harassment in the past 12 months.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1477 528">The agency's PREA policy was provided and thoroughly reviewed. The policy details the agency's PREA compliance efforts with PREA standard 115.377. The policy prohibits contact with residents by any contractor or volunteer who engages in sexual abuse and requires the agency to report all allegations of alleged sexual abuse to law enforcement unless the allegation is clearly not criminal. Furthermore, the policy requires the agency to notify all relevant licensing bodies as required in PREA standard 115.377. Interviews with the Director and PREA Coordinator found an understanding of this policy and knowledge of the requirements to report to law enforcement, The MN Department of Corrections, and The MN Department of Human Services. In the past 12 months there have been no cases reported of contractors or volunteers engaging in sexual abuse or sexual harassment of residents.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 680">The agency's PREA policy requires residents to be subject to disciplinary sanctions only pursuant to a formal disciplinary process following a finding of resident on resident sexual abuse or harassment. The policy was reviewed with the Director and PREA Coordinator who detailed their formal disciplinary process, a process that complies with the PREA standard and MN licensing standards. There were also able to detail an understanding of this policy in determining appropriate sanctions for residents. Any discipline sanction shall be commensurate with the nature of the circumstances of the abuse committed, the youth's disciplinary history, and comparable sanctions for other youth with similar histories. By policy, and in compliance with state licensing standards, if room time results from the incident, the resident will have access to exercise and educational programs. They will also receive daily visits from medical and mental health staff. When the agency is determining appropriate sanctions, they will consider whether the resident's disabilities or mental illness contributed to the behaviors when determining sanctions. The agency policy prohibits all sexual contact between residents, but such activity will not constitute sexual abuse if the activity is not coerced. A review of sexual harassment investigations in the past 12 months indicated compliance with the policy.</p>

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 208 453 237">Auditor Discussion</p> <p data-bbox="244 271 1485 701">The agency provided their PREA policy during the pre-audit phase. The policy was reviewed and details their compliance efforts with PREA standard 115.381. The agency asks all new residents during the initial screening for risk if they have been a victim of sexual abuse and if they have perpetrated sexual abuse on others. The screening instrument requires staff to ask victims of sexual abuse if they would like to be seen by a medical or mental health professional. The screening instrument requires staff to ask residents who reported perpetrating sexual abuse on others if they would to be seen by a mental health professional. Within 10 days of intake, the PREA Coordinator conducts a detailed orientation with each new resident that includes a review of the residents screening. The Coordinator will make sure the appropriate referrals a mental health or medical professional staff are made in compliance with the PREA standard. The staff who facilitate the screenings at intake understood the instrument, including the questions that asked the youth if they would like to see a mental health or medical professional. Any information related to sexual victimization or abuse that occurred in an institution is limited to medical and mental health professionals and other staff only as necessary. All medical and mental health staff are bound by State of Minnesota mandated reporting laws regarding informed consent and interviews with the medical and mental health staff on-site demonstrated an understanding of these laws.</p>

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 533">The agency's PREA policy was provided and reviewed. The policy details their compliance efforts with PREA standard 115.382. The policy requires the agency to provide immediate emergency access to medical and mental health care for victims of sexual abuse. The agency provided an MOU with Carris Health-Rice Memorial Hospital detailing an agreement for the hospital to provide SANE medical services to victims of sexual abuse. Per policy, these services will be provided in a timely manner and at no cost to the victim and provided regardless whether the victim names the abuser or cooperates with any investigation arising out of the incident. The agreement and policy require a resident victim of sexual abuse is offered timely information about and access to emergency contraception and follow up care for sexually transmitted or communicable diseases.</p> <p data-bbox="229 533 1509 683">During the onsite staff interviews both the medical and mental health staff were interviewed. They were both aware of their roles in providing immediate treatment. They shared an understanding of the agency's MOU's with Carris Health-Rice Memorial and Safe Avenues. The nurse shared in the interview an understanding that the hospital would provide the necessary SANE services for the victim.</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1493 398">The agency provided their PREA policy which was reviewed by the auditor and found to include the requirements of PREA standard 115.383. The agency offers residents who disclose prior sexual victimization or abusiveness follow up mental or medical health care within 14-days of the initial screening. The agency provides mental and medical treatment services to those residents who been victimized in a confinement setting and this care is consistent with the community level of care.</p> <p data-bbox="244 405 1493 533">During the interview with the nurse they affirmed that pregnancy testing and tests for sexually transmitted diseases is available to victims of sexual abuse while incarcerated. All services are provided to victims at no financial cost. The interview with the mental health therapist confirmed the required mental health services are to victims and perpetrators as the standard requires.</p>

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1508 255">Auditor Discussion</p> <p data-bbox="229 255 1508 622">The agency's PREA audit was provided during the pre-audit phase and was reviewed by the auditor. The policy details their compliance with PREA standard 115.386. The agency had one sexual abuse investigation in the past 12 months. The agency has an incident review team that reviews all sexual abuse incidents at the conclusion of all sexual abuse investigations unless the allegation was unfounded. The review team includes the Director, Program Directors, PREA Compliance Manager and Coordinator, and Medical and Mental Health staff. During staff interviews they reported reviewing the one case of sexual abuse, including a review of the requirements of PREA standard 115.386. The agency responded to the incident by restricting access to the canteen area and enforcing appropriate physical boundaries between residents in seated areas. The agency's response addressed the safety concern that contributed to the incident. There was no written report that detailed the incident review and response at the time of the onsite audit. This was to be addressed during the agency's corrective action period.</p> <p data-bbox="229 622 1508 772">On July 28, 2021 the agency provided this auditor a written sexual abuse incident report that was signed by both the PREA Coordinator and Agency Director. The PREA Coordinator was interviewed by phone on 9/10/2021 and she was able to detail their review process, documentation process for these reviews, and how the agency director signs off on these reviews. This completes their compliance efforts with this standard and they are now in full compliance with PREA standard 115.386.</p>

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 197 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 548">The agency provided their PREA policy during the pre-audit phase. The policy was reviewed and found to detail their compliance with PREA standard 115.387. The PREA Coordinator reported that they do respond to Survey on Sexual Violence form from the Department of Justice each year by June 30th. The auditor reviewed reports of sexual abuse and sexual harassment from the past 12 months. The agency uses a format that includes all the information required in Survey on Sexual Violence form. This form provides the agency with the data necessary to collect accurate and uniform data for every allegation of sexual abuse as required by the PREA standard and their policy. There was one incident of resident to resident sexual abuse substantiated in the past 12 months. The PREA Coordinator reported the data is aggregated annually and is collected from their PREA incident reports.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1508 255">Auditor Discussion</p> <p data-bbox="229 255 1508 515">The agency's PREA policy requires a process to collect and review data to assess and improve their effectiveness of their sexual abuse prevention, detection, and response. Before making the report available to the public on their website, the agency will remove all personal identifications. The agency has previously prepared yearly reports that were approved by the Director and posted on their website. This past practice was verified prior to the onsite audit by review of their website. At the time of the on-site audit there was no annual report posted on the agency website. The agency shared with the auditor their recent yearly report before the end of the onsite audit and within days of the onsite audit this report was posted on their website. They are in full compliance with PREA standard 115.388</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Per the Agency's PREA policy the facility will publish summary level information about sexual abuse allegations once per year on their public website. The facility maintains the information, documents, and records associated with the sexual abuse data for least 10 years. The PREA Coordinator understood her role and responsibilities in collecting the data, securing the information, and preparing the report for the website. The auditor reviewed reports from prior years on the website and was shown their current yearly report during the onsite audit. Although the current report was not posted on the website at the time of onsite audit it was posted within days of the on-site audit. At the end of the corrective action period it was again verified to be posted on their public website.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA audit was the second audit for Prairie Lakes Youth Programs. It had been three years since the agency's first PREA audit. The agency provided detailed information during the pre-audit phase. The original dates for the onsite audit were postponed several weeks due to a Covid-19 concern in the facility. During the on-site audit the auditor had access to and toured all areas of facility. The interviews of staff and residents were conducted in private rooms that provided privacy for both the residents and staff. The residents reported knowing about the upcoming audit through seeing the posted announcement and other staff communications. The facility sent a time stamped photo of notice of upcoming audit posted in areas where residents, staff, and visitors could see it.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This was second PREA Audit for Prairie Lakes Youth Programs and the prior Final Audit Report is posted on the agency website.

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

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

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility 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
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (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: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

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

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

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

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked 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
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

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

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

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

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

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

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	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
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency 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
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

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

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes