

PREA Facility Audit Report: Final

Name of Facility: Prairie Lakes Secure

Facility Type: Juvenile

Date Interim Report Submitted: 03/19/2018

Date Final Report Submitted: 04/23/2018

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: Matt Bauer | Date of Signature: 04/23/2018 |

| AUDITOR INFORMATION | |
|-------------------------------------|-------------------------------|
| Auditor name: | Bauer, Matt |
| Address: | |
| Email: | matthew.bauer@co.dakota.mn.us |
| Telephone number: | |
| Start Date of On-Site Audit: | 01/16/2018 |
| End Date of On-Site Audit: | 01/17/2018 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | Prairie Lakes Secure |
| Facility physical address: | 1808 Civic Center Drive NE, Willmar, Minnesota - 56201 |
| Facility Phone | 3202311729 |
| Facility mailing address: | 1808 Civic Center Dr., Willmar, Minnesota - 56201 |
| The facility is: | <input checked="" type="radio"/> County <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Private for profit <input type="radio"/> Private not for profit |
| Facility Type: | <input type="radio"/> Detention <input type="radio"/> Correction <input type="radio"/> Intake <input checked="" type="radio"/> Other <input type="text"/> |

| Primary Contact | | | |
|-----------------------|------------------------|--------------------------|------------------|
| Name: | Melissa Denton | Title: | PREA Coordinator |
| Email Address: | Melissa@plypsecure.com | Telephone Number: | 3202311729 |

| Warden/Superintendent | | | |
|-----------------------|-----------------------|--------------------------|--------------------|
| Name: | Darin Balken | Title: | Executive Director |
| Email Address: | dbplyp@plypsecure.com | Telephone Number: | 320-231-1729 |

| Facility PREA Compliance Manager | | | |
|----------------------------------|--------------|-----------------------|-----------------|
| Name: | Kyle Collins | Email Address: | kyle@plypns.com |

| Facility Health Service Administrator | | | |
|---------------------------------------|--------------------------------|--------------------------|--------------|
| Name: | Kandiyohi County Public Health | Title: | Ashley Klein |
| Email Address: | ashley.klein@kcmn.us | Telephone Number: | 320-231-7800 |

| Facility Characteristics | |
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| Designed facility capacity: | 46 |
| Current population of facility: | 39 |
| Age range of population: | 10-21 |
| Facility security level: | Locked |
| Resident custody level: | Misdemeanor or greater |
| Number of staff currently employed at the facility who may have contact with residents: | 43 |

| AGENCY INFORMATION | |
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| 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: | | Title: | |
| Email Address: | | Telephone Number: | |

| | | | |
|---|----------------|-----------------------|------------------------|
| Agency-Wide PREA Coordinator Information | | | |
| Name: | Melissa Denton | Email Address: | Melissa@plypsecure.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 sent a link to the PREA Online Audit System (OAS) to Prairie Lakes Youth Program (PLYP) PREA Coordinator, Melissa Denton. Access to the OAS to create the audit and to begin submitting pre-audit information was provided approximately 8 weeks before the scheduled on-site audit. The pre-audit questionnaire was completed by Ms. Denton and available for my review approximately 4 weeks prior to the scheduled on-site audit. The information provided was found to be detailed and well organized. There were no gaps in information identified and no requests for further information were submitted. They had requested during the pre-audit phase that the PREA audit cover both the secure and non-secure programs. On December 1, 2017, more than 6 weeks before the on-site audit, a notice of the upcoming audit, including the auditor's contact information and resident's rights to contact the auditor confidentially, was provided and posted throughout the facility. This was supported through the interviews with both staff and residents who all reported the notice was posted for approximately 6 weeks. This auditor observed the signs during the on site audit and they were located in the main hallways where both residents and visitors could see it. The auditor received no confidential correspondence from any residents , family of residents, or staff.

On January 16, 2018 I arrived at PLYP at 8:00am and was met by PREA Coordinator, Melissa Denton, and PREA Compliance Manager, Kyle Collins. We met to discuss the schedule for the on-site audit portion. We discussed the logistics and the process of the audit, including the onsite tour, interviews, and file reviews I wished to conduct. We discussed the overall schedule of the audit, the purpose of, what corrective action may look like, and the timeline for the report. I was provided a current admission roster for both the secure and non-secure programs. The facility capacity is 46 for the secure building and 17 for the non-secure building. On the day of the onsite audit there were 16 residents in the non-secure program and 38 residents in the secure program. I was provided a staff roster for planning random interviews. I was provided a list of current staff, contractors, and volunteers. There were 43 paid staff, 2 contractors, and no volunteers presented to me by the agency as their current staffing.

I was then led on a tour of facilities by both Ms. Denton and Mr. Collins. The tour began in the secure facility, which houses residents in both detention and correctional treatment programs. The control center area was observed and camera images were clear to the viewer. The intake area was observed and found to be safe and also private as it was a separate room with a desk and chair for staff that was private from other staff or residents. It provided a good location for the PREA screening that occurs in this area. Next to the intake area was four individual cell rooms for intakes and for segregation. All four rooms had a toilet, sink, and bed. They all had a camera that was monitored by the control center. There was a privacy wall for use of the toilet that provided privacy from staff doing room checks and the camera view. The secure facility has both single bed rooms and rooms that house 2 or 3 total residents. All rooms in the secure facility have a camera, which can be monitored by the control center staff. Each room has a toilet and sink with privacy wall, which provides privacy from the camera view as well. The second floor is for detention residents and the third floor houses the correctional program residents. There are also

shared bathrooms located on the floors for residents to use that provide complete privacy and are used one resident at a time. These same bathrooms are also where the showers are located and residents shower and change into their clean clothes in this area and not in their shared cell.

After touring the secure facility, we walked to their other building, the non-secure correctional program. The non-secure facility has the school classrooms in the basement and the bedrooms on the main floor. Both floors were observed and cameras were noted in the hallways, classrooms, dining area, and group rooms. There were no cameras in the residents rooms. The non-secure facility had individual and shared rooms, up to three beds, on the main floor. There was a shared bathroom and shower room on the main floor that is used one at a time and provides privacy for use of the bathroom, showering, and dressing. The second floor of this building was used as a classroom for those residents from the secure facility. They walk through a secure pathway from the secure facility to the non-secure facility and proceed up a secure stairway to the 2nd floor classrooms. Throughout the tour the agency's 1 to 8 staffing ratio was directly observed and was being followed.

The remainder of day one was used to conduct staff and resident interviews. The staff and resident interviews were conducted in a private visiting area in both the secure and non-secure programs. On January 16, 2018 there were 38 residents in the secure program, 30 male and 8 female, and there were 16 male residents in their non-secure building. The ages of the residents ranged from 11-18 years old. I was able to randomly select residents and staff from the provided admission roster and staffing plan. During the 2-day onsite audit I interviewed 16 residents, 12 males and 4 females. I interviewed two residents who had recently completed the intake process. I interviewed one resident with a cognitive disorder. There were no residents available who had identified as LGBTI or who had previously reported sexual abuse. This was determined through discussions with the PREA Coordinator and verified later in file reviews of completed screenings and investigations. I began my staff interviews by separately interviewing the Superintendent, PREA Coordinator, and PREA Compliance Manager. I completed 12 staff interviews, including staff from all shifts (overnights included). There were two staff members I interviewed that were assigned to completing the PREA screenings at the time of intake. Staff interviewed ranged in years of service at PLYP from less than 1 year to 26 years. I interviewed specialized staff, such as, a nurse, teacher, and therapist (who is a contracted staff) . I was able to also interview a part time staff member who works intermittently.

The last few hours of day 2 of the on-site audit was spent with the PREA Coordinator and by myself reviewing documentation. The facility reported a total of 11 administrative investigations of sexual harassment in the past 12 months. There were 5 of these investigations substantiated, 2 were unsubstantiated, and 4 were unfounded. The facility reported 1 administrative investigation of resident on resident sexual abuse that was substantiated. The one case of abuse was determined to not be a criminal case. At the time of the audit there were no active investigations. The investigation files were reviewed by the auditor during the on site portion of the audit. This auditor completed a review of resident screenings, files, training records, employee background checks, along with the investigation reports. The on-site audit concluded with a meeting with the Superintendent, PREA Coordinator, and PREA Compliance Manager. I expressed my concern that staff were not doing cross-gender announcing on the units. We developed a plan for the facility to fully implement this practice in the next 90 days. The agency was receptive to this plan and prior to completion of this report provided there updated postings for staff in the living areas and their updated staff PREA guidance brochure. The agency was fully cooperative with the auditing process, 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 a secure program with detention and correctional treatment programs for both male and female juveniles.. PLYP also offers a non-secure program for male juveniles only, on the same campus as the secure program. The secure program is licensed for 46 residents while the non-secure program is licensed for 17. 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. Both programs are licensed by the Minnesota Department of Corrections. The secure program has two living areas and the non-secure program has one living area. The living areas are hallways with resident rooms located on both sides of the hallway. Along with the resident rooms on the hallways, there is also a shared bathroom for residents in each hallway that includes a private shower area, toilets, and sinks. The resident rooms includes a combination of single, double, and triple bed rooms. The facility uses the single bed rooms for residents that score for a PREA alert on their screening instrument, those residents determined to be vulnerable or a potential perpetrator of sexual misconduct. The 3 bedroom rooms are used for those residents who do not score for a PREA alert and are reportedly used regularly.

The secure program is the only program that houses both male and female residents. Females are housed in separate rooms from the males and their rooms are located on one end of the hallway. The male and female residents program together, including attending school together. The residents always move through the building with the female residents in the back of the line. During groups, meals, and school the female residents sit at different tables from the male residents. Each resident room has a toilet, sink, and privacy wall. The wall provides privacy from staff doing room checks and the cameras. Residents may request to use the shared private bathrooms located on each floor. Each floor has a bathroom and shower room that is used one at a time. Residents bring their clean clothes with them to the shower room and change into their clean clothes in the privacy of the shower room.

There is a recreation room for residents use. This room includes chairs, tables, games, and a TV. The recreation area is monitored by cameras and by their 1 to 8 staffing ratio. Meals are delivered and residents eat their meals in a group room or dining area. This area is room where there are multiple tables for assigned seating and is monitored by both camera and the 1 to 8 staff ratio. The facility has an outdoor gym that is used year round, weather permitting. The outdoor recreation area is monitored by cameras and directly by staff. The residents move through the facility under staff escort. There are stairways from one floor to the next, with the secure facility having a total three floors in use. The residents move from one floor to the next with a staff member supervising both the front and end of the line during this transition. There is an elevator in each building that is used to escort residents to pick up deliveries or to move a resident in restraints to the main floor of the secure building.

AUDIT FINDINGS

Summary of Audit Findings:

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

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

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

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

There are two standards where the agency was not fully in compliance at the time of the onsite audit. The agency has immediately addressed these concerns and were provided a 90 day corrective action period by the auditor. Their compliance with the two standards below will reassessed within 90 days.

PREA Standard 115.315 (d): This standard requires opposite gender staff to announce their presence when entering a resident housing unit. The agency is working on a corrective action plan to implement cross gender staff announcing. The agency has posted signs requiring staff of both genders to announce their presence when entering the living unit. Staff have been directed by email and the practice has started. The email to staff and pictures of the postings have been provided to the auditor. A 90 day corrective action period is sufficient time to fully implement this requirement and meet this standard .

PREA Standards 115.334 (a)(b)(c): This standard requires the agency, to the extent that it conducts sexual abuse investigations, to receive training on conducting investigations in confinement settings. The training should include interviewing juvenile sexual abuse victims. Lastly, the agency is required to maintain documentation and records of the training completion. During the 90 day corrective action period the agency staff who complete administrative investigations of sexual abuse will complete on-line investigator training and maintain documentation of this training completion. The documentation of the training completion will be sent to this auditor for review

The auditor returned the PLYP on April 19, 2018 and determined that the facility was now in full compliance with standards 115.315 (d) and 115.334 (a)(b)(c). The facility requires and staff are announcing their presence when entering a living unit. This was both observed and then verified through interviews with staff and residents. To the extent that the agency completes investigations of sexual abuse cases they have completed training. The auditor was provided certificates of completion and informed of their plans to maintain the records of that training completion. The agency is now in full compliance with all PREA Standards.

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| Standards |
| Auditor Overall Determination Definitions |
| <ul style="list-style-type: none"> • 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 |
| <p>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.</p> |

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| 115.311 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Prairie Lakes Youth Program's (PLYP) Zero Tolerance Policy has been thoroughly reviewed and the policy meets all the requirements of PREA standard 115.311(a). The policy details the agencies efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The staff interviewed during the onsite portion of the audit all reported to this auditor an understanding of policy and their roles in prevention, detection, and responding.</p> <p>PLYP has two programs, a secure and non-secure program, that was audited for compliance with PREA standards. The agency has one PREA Coordinator and one PREA Compliance Manager to monitor and implement their PREA efforts in both programs. The agency provided an organizational chart which identifies both in the hierarchy of the organization. I interviewed both the Coordinator and the Compliance Manager during my onsite visit. Both explained and demonstrated that they have enough time and authority to successfully implement and montitor their PREA policies and practices. Both the compliance manager and the coordinator stated that they work closely together and communicate often in their roles.</p> |

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| 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 Superintendent and confirmed by other upper level managers, including the PREA Coordinator and Compliance Manager. This standard is not applicable. |

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| 115.313 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Prairie Lakes Youth Programs (PLYP) has a PREA Policy which includes the section called "Prevention Planning". This section details their staffing plan. The policy describes a 1 to 8 staffing ratio during awake hours and a 1 to 16 ratio during sleeping hours. The auditor was able to observe the 1 to 8 ratio during the on-site portion of the audit. The staffing plan also includes a requirement to have at least one female or one male staff member at all times. During the on-site portion of the audit I asked the Superintendent, Compliance Manager, and Coordinator about the staffing plan. They all reported that they review the staffing plan taking into consideration the sub-factors of PREA Standard 115.313(a). It was also reported to me that the plan is reviewed yearly by PLYP managers in conjunction with their yearly Minnesota Department of Corrections licensing requirements. They reported that there are no incidents in the past 12 months where the staffing plan was not followed. They stated they have a large pool of part time staff that are available to cover and that the facility will mandate staff to stay until another staff arrives so they remain in compliance with the plan. This was verified during staffing interviews and responses all clearly stated they follow the staffing plan.</p> <p>PLYP does count the school staff provided by the local school district in their staffing ratios. These school staff are trained to the same level as the PLYP staff and meet the standard to be included in the staffing plan. This was determined through interviews with the school staff and a review of training records for school staff. The agency has in policy a commitment to having upper level managers complete random unannounced rounds during all shifts. The documentation of these rounds was provided and reviewed. During interviews with the program managers they confirmed their role in completing these rounds. The dates and times of announced rounds reviewed covered all shifts and all days of the week.</p> |

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| 115.315 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>PLYP provided their PREA Policy, which includes a section called "Prevention Planning". The document 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. They have a "Special Incident Reporting Form" for these circumstances. There were no incidents in the past 12 months that required documentation using the "Special Incident Reporting Form". The policy meets the requirements of PREA standard 115.315 (a), (b), (c), (e), and (f). The facilities compliance with this policy was verified during interviews with both staff and residents. All staff and residents reported compliance with this policy. All residents interviewed stated they have never been searched or "patted down" by opposite gender staff. All staff interviewed stated they would not search or pat down opposite gender residents. There have been no known cases where they didn't have a same gender staff available to complete such a search, which was supported as being true during the staff and resident interviews. Staff reported they can call in law enforcement to assist if there ever was a situation where a same gender staff wasn't available. At the time of the on-site audit, there were no transgender or intersex residents in the facility, as reported by staff. All staff reported receiving training on cross-gender pat down searches and searches of transgender and intersex residents.</p> <p>PREA standard 115.315 (d) requires staff of the opposite gender to announce their presence when entering a resident housing unit or 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? PLYP separates male and female residents by rooms, but they do have mixed housing floors. This requires the facility to have opposite gender staff announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. This requirement is written into agency policy, but was not implemented into day to day practice at the time of the on-site audit. It was also not reported by staff or residents during interviews as a practice. Since the on-site audit the agency has implemented a plan to institute the cross-gender announcing. They have emailed to the auditor a copy of the directive sent to all staff to announce their presence. They have provided pictures of notices posted where staff enter the living units that inform staff how and when to make the cross gender announcement. A full 90 days of implementation of the practice will suffice in moving the agency to full compliance in regards to this standard. This auditor will return to the facility to see the announcing in actual practice and to interview a select few residents and staff about this new practice.</p> <p>The auditor returned to the facility on April 19th, 2018 to observe the cross-gender staff announcing. There were signs near each living unit requiring staff to announce their presence and gender, for example, "male on the floor". The auditor saw and heard staff announcing. Furthermore, this auditor was able to interview some staff members and residents. Both the staff and residents stated staff are announcing and that this practice has been going on for months. The facility is in full compliance with this standard.</p> |



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| 115.316 | Residents with disabilities and residents who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The agency provided their PREA Policy, which includes the section "Prevention Planning". which details their compliance with PREA standard 115.316. It is written into policy and all PLYP staff members responded that they do not use resident interpreters, readers, or other types of residents assistants to assist with residents that are limited English proficiency in reporting an allegation of sexual abuse or harassment. All staff were able to articulate how to arrange for interpreter services, if needed. The agency has contracts and agreements in place for interpreter services. The most common language spoken at PLYP, other than English, is Spanish. The PREA resident education and the posters throughout the facility are provided in both English and Spanish. Access to Safe Harbors, the agency that that per an MOU provides victim services and an external reporting option, is available to all residents. The information on how to contact Safe Harbors and the services they provide is presented in both English and Spanish. This auditor spoke with Safe Harbors and they have a language line available to assist with non-English speaking persons. At the time of the audit, there were was one resident with an autism diagnosis who may have met the criteria for disability and during my interview with this resident they were able to express an understanding of their rights and how to report an allegation. There were no limited English proficient residents to interview.</p> |

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| 115.317 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The agency provided their PREA Policy, which includes a section titled "Prevention Planning". This section details their compliance with PREA standard 115.317. The policy thoroughly outlines their hiring practices, which includes not hiring staff who have engaged in sexual abuse in confinement settings, as well as persons convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, or implied threats of force or coercion. The agency also considers incidents of sexual harassment when making hiring and promotional decisions. All potential staff and contractors are required to submit to a background check that includes criminal history through the Minnesota Bureau of Criminal Apprehension and a check of the child abuse registry maintained by the MN Department of Human Services. All current employees had a criminal background check completed two years ago and by policy will have the check completed every five years. Documentation of the completed background checks was reviewed during the onsite visit. Agency policy identifies that material omissions regarding sexual misconduct shall be grounds for termination. Agency policy allows for providing 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 Superintendent confirmed his understanding of the policy and a commitment to these practices.</p> |

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| 115.318 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The agency's PREA Policy includes a section titled "Prevention Planning" , which details their compliance with PREA standard 115.318. The agency has not completed any recent building renovations or expansions. They are not currently involved in any planning to do so in the near future. The agency has upgraded their camera system in recent years to a higher quality system. This included the addition of some cameras and they also presented a plan to add a few more cameras to some stairways. During the tour, the location of current cameras was observed and the location of the identified need for additional cameras was also observed. During the interview with the Superintendent he expressed an understanding of the importance of considering the agency's ability to keep residents safe from sexual abuse when planning for camera upgrades.</p> |

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| 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. The section of this policy called, " Responsive Planning" details their compliance with PREA standard 115.321. The agency refers investigations of sexual abuse to law enforcement. The agency provided copies of their MOU's with the Willmar Police Department and The Kandiyohi Sheriffs Department. The signed MOUs details an agreement between the agency and the law enforcement agencies to conduct investigations of sexual abuse at Prairie Lakes Youth Programs in the manner required by PREA standard 115.321. PLYP also provided MOUs with Safe Harbor victim services and Rice Memorial Emergency Medical Services. Safe Harbors has agreed to provide victim services in compliance with PREA standards. Rice Memorial is a hospital that provides SANE examinations and the MOU details their agreement to provide these services for PLYP as needed and in compliance with the PREA standard. All MOUs clearly details the roles of law enforcement, medical, victim services, and the agency.</p> |

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| 115.322 | Policies to ensure referrals of allegations for investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The agency has a PREA policy in place that ensures all investigations of sexual abuse and sexual harassment are investigated. Any allegation that involves potential criminal behavior will be referred to local law enforcement per the MOUs. The agency had one investigations of sexual abuse in the past 12 months. During the past 12 months, the agency had 11 harassment investigations and 1 abuse investigation. The one abuse investigation was substantiated, but was determined to not be criminal, therefore it was not referred to law enforcement. Of the 11 harassment investigations, 5 were substantiated, 2 unsubstantiated, and 4 unfounded. The agency provided their documentation of their administrative investigations of this abuse case and for the sexual harassment cases. The policy is posted on the agency's public website. During staff interviews all staff understood that sexual abuse criminal investigations are completed by law enforcement.</p> |

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| 115.331 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>During the pred-audit phase PLYPs provided their PREA policy which includes section, "Training and Education". This document details their compliance with PREA standard 115.331. During interviews with all staff members they all reported an understanding of the Zero Tolerance Policy on sexual abuse and sexual harassment. They were able to explain the agencies efforts to prevent, detect, and respond to any known knowledge or suspicion of sexual abuse or harassment. A review of the training materials for staff and the training records indicates that staff have received the training and education required in standard 115.331. All training records were signed off on by each staff member. The training curriculum was reviewed during the on-site audit and it addresses all the required areas of this standard. All staff that work in the secure unit, which has both male and female residents, have received specialized gender specific training.</p> |

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| 115.332 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The document, "Training and Education", provided by PLYP details their policy and efforts in training volunteers and contractors. During the onsite audit interviews with contracted staff they were able to articulate the agency's Zero Tolerance Policy and also their role in prevention, detection, and response. A review of training records demonstrated that all the volunteers and contractors had completed the required training and had signed the training tracking form. The signed documentation is maintained by the agency.</p> |

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| 115.333 | Resident education |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The agency provided document "Training and Education", which is a part of their PREA policy. The document details their compliance with PREA standard 115.333. I have reviewed the education materials that PLYP provides their residents. At intake, staff review the Zero Tolerance policy and how to report any violations of this policy. Residents sign off stating they have received this information and the signed documents are saved in the resident's file. The auditor was able to review these signed documents. Two staff who facilitate the intake education with new residents were interviewed and were able to describe the education process with new residents. The staff stated that they have access to a language line to use with residents that cannot speak English, including resources for deaf or blind residents. Within 10 days, the PREA Compliance Manager or PREA Coordinator will meet with each resident individually to review a PREA video and ensure that all residents have a good understanding of the information. The facility had two residents in the past 12 months that did not speak English, but spoke Spanish only. In both cases the facility used the language line and also staff who spoke Spanish to ensure that the residents understood the PREA education.</p> <p>During the 16 resident interviews the residents all had an understanding of their rights to remain free from sexual abuse and sexual harrassment. They understood how to report concerns, including verbally to staff, anonymously in writing, and also by calling Safe Harbors. The agency has an MOU with Safe Harbors to provide victim services. The availability of the Safe Harbors to take reports from residents was verified by the auditor through a phone call to Safe Harbors. The residents were consistent in reporting they were educated in the manner detailed by staff. They were provided information at the time of intake and they report meeting with staff less than a week later to watch a video and review information again. The education materials are made available throughout the facility in both English and Spanish languages. These materials are in the form of posters and pamphlets.</p> |

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| 115.334 | Specialized training: Investigations |
| | <p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1484 705">The agency provided their MOUs with local law enforcement. Per their PREA policy all criminal investigations of sexual abuse are referred to law enforcement. During staff interviews they all stated an understanding of this policy and were clear that their role is to protect the victim and the evidence, but they do not investigate or gather evidence. The PREA Coordinator stated that they participated in investigation training, but there is no documentation of this course completion. The agency was emailed information about investigation training and will complete the training and provide documentation of the training completion within 90 days. Any staff who may conduct an administrative investigation of sexual abuse will complete this training and the agency will maintain documentation of this training completion.</p> <p data-bbox="252 750 1476 996">On April 19, 2018 this auditor returned to PLYP and was provided with the training completion certificates for the facility investigators. The facility conducts administrative investigations of sexual abuse, but refers to law enforcement any criminal investigations. The facility investigators completed a 3 hour online training present by the National Institute of Corrections. The agency plans to maintain the records of the training completion by their investigators.</p> |

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| 115.335 | Specialized training: Medical and mental health care |
| | <p data-bbox="252 1205 901 1238">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 1283 526 1317">Auditor Discussion</p> <p data-bbox="252 1361 1476 1742">PLYP provided document "Training and Education" which is a part of their PREA Policy and also details their compliance with PREA standard 115.335. PLYP contracts with a therapist to provide mental health services and with a public health agency to provide medical services. I interviewed both the contracted therapist and the public health nurse during the onsite portion of the audit. Both had received training on the agency's Zero Tolerance policy and their roles in preventing, detecting, and responding to reports or suspicions of sexual abuse and sexual harassment. The agency maintains training records for all mental health and medical practitioners that work in the facility. The agency has an MOU with Rice Memorial Hospital to provide SANE examinations.</p> |

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| 115.341 | Obtaining information from residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The agency provided their PREA policy which includes the document "Screening for Risk of Victimization or Abusiveness". This document details their efforts to screen residents as required by PREA standard 115.341. This portion of their PREA policy meets all the requirements of the PREA standard. During the pre-audit phase, the agency provided the screening tool they use to screen for risk. The tool was reviewed and contains all the necessary requirements as detailed in standard 115.341 (c). The tool contains information about their history of victimization, perpetration, their perception of risk to being abused. There are also staff observation areas of the tool that covers the size, stature, and behaviors of the resident. There are two sections to the tool, a vulnerability section and sexually aggressive section. The tool awards points in each section when the screener determines the resident has that particular risk. The total score in each section is use to determine their overall risk to victimization or potential for perpetration of sexual misconduct. The tool provides instructions on how to score and establish a risk level. This auditor found the tool to be detailed and meets the standard for a screening instrument.</p> <p>At the time of intake a resident is administered a screening which aims to identify residents that are at risk of sexual victimization or sexual perpetration. This auditor reviewed completed risk screenings and also interviewed staff responsible for completing the screenings. The two staff members who regularly complete screenings were able to articulate a thorough understanding of the screening process and the purpose of the screening. These staff use all information available to them to determine if a resident is at risk. This includes; conversations with residents, medical and mental health screenings, reviewing records, and other relevant documentation located in their file or obtained from collateral sources. If a resident is determined to be at risk the program has policies and procedures in place to provide for their safety and/or the safety of other residents. These procedures require an immediate notification of any manager level staff to determine immediate safety responses when their is a heightened risk determined at intake. An example of a safety response shared by the PREA Coordinator was the use of a single bed cell for a resident. The auditor reviewed 3 completed screenings instruments of residents currently in the facility.</p> <p>During resident interviews, all identified that they were asked the screening questions at intake. Residents were able to recall being asked these questions shortly after their admission and within 24 hours. Once a week the PREA Coordinator and PREA Compliance Manager will review housing assignments and safety plans for youth determined at risk from this screening. This practice was reported in both their interviews, but was not observed directly. The completed screening instrument was saved into their information system, which provides adequate controls in both allowing access to information for staff that need it and protecting the privacy rights of residents. Staff that work directly with youth are notified of any alerts and review the screening for more information. In staff interviews they expressed an understanding of what the screening was for and that the information within was confidential.</p> |

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| 115.342 | Placement of residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The agency provided "Screening for Risk of Sexual Victimization or Sexual Abusiveness", which is a part of their PREA Policy. The document details their compliance with PREA standard 115.342. The facility uses the information from the risk screening to inform bed, work, education, and program assignments. Through policy, they prohibit placing lesbian, gay, bisexual, transgender, and intersex residents in housing or bed assignments solely on the basis of such identification. These prohibitions were verified by the auditor through staff interviews where it was reported they use the PREA alerts determined by the screening to determine housing assignments and what residents to monitor closely. During staff interviews it was also stated that they do not house lesbian, gay, bisexual, transgender, and intersex residents solely by such identification. Furthermore, they do not use this status as an indicator of being sexually abusive. They determine appropriate housing for transgender and intersex inmates in a manner that is compliant with 115.342.</p> <p>Per policy, residents may only be isolated as a last resort when less restrictive measures cannot keep them safe. During isolation the resident is allowed all of his rights, including those detailed in 115.342 (b). The policy also requires clear documentation to the basis of the facility safety concerns and the reason why less restrictive measures were not used. The documentation occurs in their information management system. During the interview with the PREA Compliance Manager, he reported that information from the screening is used to determine housing and other appropriate programming with the goal of providing a safe environment for all. He reported the use of single bed cells, seating assignments, alerts in their staff information system as ways they provide this safety. The PREA Compliance Manager and PREA Coordinator review housing assignments, safety plans, and alerts weekly, adjusting plans as needed. This may include further interviews and screening of residents. At the time of the onsite audit there were no residents who had identified as transgender or intersex. Staff reported during interviews no known use of isolation in the past 12 months to provide for the safety of a resident at risk of sexual perpetration or victimization. The policy and State licensing standards require that residents in placed in isolation are not denied their recreational, educational, medical, and mental health activities/services. During resident interviews there was one resident who had been placed on lockdown for a Non-PREA related issue and they stated they were not denied recreational and educational services. The resident stated he did not need medical or mental health services, but believed if needed, he would have been provided those services.</p> |

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| 115.351 | Resident reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The agency provided the "Reporting" document, which is a part of their PREA Policy. This document details their compliance with PREA standard 115.351. Residents can make a verbal report, a written report which can be turned into staff or placed in a secure lock box which are located throughout the facility, and they can phone Safe Harbors victim services to submit a report to a third party. This auditor called the phone number provided to residents and was able to reach Safe Harbors. I was able to verify with Safe Harbors that they provide victim services and residents at PLYP can make reports to them. The agency has provided the Memorandum of Understanding they have with Safe Harbors to provide this service. During interviews with random staff and the PREA Compliance Manager it was determined that staff understood all the ways a resident can make a report. Staff also were consistent in responding that if they had a report they would notify management immediately or law enforcement when management is possibly involved in the allegation or when they have concerns with notifying management. During onsite interviews with residents they all had a clear understanding of how they could make a report. Residents reported they could notify staff, submit a written report in the lock box, or call the number on the PREA posters. Residents stated they can submit the written report anonymously. The auditor noticed the materials necessary for a resident to make a written report were available in multiple locations.</p> |

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| 115.352 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The agency has a PREA Policy that includes a section called "Reporting". This document details their efforts and is in compliance with PREA standard 115.352. Residents may submit a grievance alleging sexual abuse. There is no time limit to file such a grievance. The policy details the required time limits and extensions needed to be in compliance with the standard. All emergency grievances are immediately forwarded to non-involved management staff and there is an immediate response to the grievance. The policy details the time limits required in responding to an emergency grievance claiming substantial or imminent risk of sexual abuse. The agency allows Parents, Professionals, and any Third Parties to submit a grievance on behalf of the alleged victim of any report of sexual abuse, sexual misconduct, and sexual harassment. This information is provided to parents in a letter sent to them and also provided for all in the visiting areas. Per policy, residents are only disciplined when the agency can demonstrate that resident filed the grievance in bad faith.</p> |

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| 115.353 | Resident access to outside confidential support services and legal representation |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="252 297 523 331">Auditor Discussion</p> <p data-bbox="252 376 1487 790">The agency provided the document "Reporting", which is a part of their PREA Policy. The document details their efforts and compliance with PREA Standard 115.353. The policy states victims of sexual abuse will be provided access to outside victim advocates and allows for reasonable confidential communications with Safe Harbors, with whom they have an MOU to provide these victim services. The policy does not exclude alleged victims of abuse. Contact information for Safe Harbors is provided on posters located throughout the facility. This auditor did contact Safe Harbors and was able to discuss with Safe Harbor staff their role in the agency's PREA efforts. They stated that they provide victim services for PLYP and can take reports from PLYP residents. They reported no known reports from residents in the past 12 months.</p> <p data-bbox="252 846 1481 1227">During a residents stay at the facility they are provided confidential and regular access to their legal representatives. Residents also have access to parents and legal guardians through phone calls and on site visiting. The visiting areas are separate rooms and provide privacy for visits. During on-site resident interviews residents stated they understood what services were provided by Safe Harbors and how to access them. They consistently reported that they could speak or visit with their legal representatives and their guardians and such communications were provided with some level of privacy and confidentiality. The residents described this confidentiality as they may not be able to dial the phone, but they can have some space and privacy to provide for a confidential conversation.</p> |

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| 115.354 | Third-party reporting |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="252 1509 523 1543">Auditor Discussion</p> <p data-bbox="252 1588 1474 1834">The agency provided their PREA Policy which included document "Responding", which details their efforts to be in compliance with PREA standard 115.354. Per policy, they have made available to third parties a grievance form on their website to file reports of sexual abuse and sexual harassment. The form was provided in the pre-audit phase and reviewed. This auditor was able to access the form on the PLYP external website. Also, PLYPs sends a letter to all parents and makes a pamphlet detailing how to make reports available to all visitors.</p> |

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| 115.361 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The agency provided their PREA Policy, which includes the document "Official Response Following a Resident Report". This document was provided during the pre-audit phase and details their compliance with PREA standard 115.361. This portion of their policy is detailed and in full compliance with the PREA standard. Per policy, staff report immediately any knowledge or suspicion of sexual abuse or sexual harassment; retaliation against residents or staff who report such an incident; and any staff neglect or violation of responsibilities that may have contributed to the incident. All reports are referred for investigation. During on-site interviews all staff expressed an understanding to report to managers immediately any known or suspicion of incidents of sexual abuse and sexual harassment. Staff understood the importance of confidentiality when dealing with a report. Both mental health and medical staff were interviewed and they responded with accurate knowledge of their role in the agency's PREA compliance efforts. Interviews with both the Superintendent and PREA Compliance Manager indicated they both understand their roles. Both expressed that they would immediately report a sexual abuse to the Kandiyohi Sheriff's Department and began notification of parents, legal guardians, attorney's, and others as required in standard 115.361. All staff are trained in Mandatory Reporting Statutes as evidenced by their interview answers and review of training records. All reports of sexual harassment are reported to Program Supervisors who with the PREA Coordinator, conduct an administrative investigation.</p> |

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| 115.362 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The agency provided their PREA Policy in the pre-audit phase. Review of the section called "Official Response Following a Resident Report", details their compliance with PREA standard 115.362. Interviews with the Superintendent, PREA Compliance Manager, and random staff confirmed they understood how to respond to a resident in imminent risk of sexual abuse and that the response would be immediate. This immediate action may included relocating the victim or the potential perpetrator to another room or living area.</p> |

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| 115.363 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | As part of the pre-audit process, the agency provided their PREA Policy. The policy includes a section called "Official Response Following a Resident Report". Per the policy, the Facility Director (Superintendent) would notify the facility director of the agency where the alleged abuse occurred within 72 hours, notify the appropriate investigating agency, and document the notification. During the on-site interview with the Superintendent, he understood his responsibilities and role in this policy. |

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| 115.364 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The agency submitted their PREA Policy during the pre-audit phases. The policy includes a section called "Official Response Following a Resident Report", this section details their compliance with PREA Standard 115.364. Per policy staff must separate the alleged victim and perpetrator from both sight and sound, inform the victim you are required to report the incident, secure and protect the crime scene, remain with the victim to provide safety and support. Staff are required to ensure that the perpetrator does not destroy evidence, such as by brushing their teeth or using the bathroom. This information is also provided to staff in a pamphlet called "Preventing and Reporting Sexual Misconduct with Offenders", a guide for PLYP staff, teachers, and interns. This document is located to staff</p> <p>The agency policy requires that staff ensure the victim does not destroy evidence. I have notified the agency that the policy needs to state that they request the victim does not destroy evidence. The agency has provided this auditor with an updated policy and pamphlet and also the email communication that the change in policy has been communicated to all staff.</p> |

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| 115.365 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | The agency provided their PREA Policy for review. The section titled "Official Response Following a Resident Report" and the document titled "PREA Sexual Abuse Worksheet" details the agency's coordinated response to an incident of sexual abuse. The policy and form was reviewed with the Superintendent and he was able to detail the roles and response of all involved. There were no cases in past 12 months that required the use of their coordinated response. |

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| 115.366 | Preservation of ability to protect residents from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | The policy and Labor Agreement was reviewed with the Superintendent. 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 a determination of what extent discipline is warranted. |

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| 115.367 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The agency PREA Policy was reviewed during the pre-audit phase. The policy requires residents and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation from other residents or staff. The policy establishes a 90 monitoring period for retaliation. Each week the PREA Coordinator and PREA Compliance Manager meet and review any cases for potential retaliation. They also communicate with staff what to look for in terms of retaliation, when appropriate.</p> <p>The agency recently updated this policy to more clearly assigned the responsibility's of monitoring for retaliation. They are assigning supervisory staff to monitor and the monitoring will be reviewed weekly at team meetings. The update to the policy was provided to this audit shortly after the on-site audit and the communication of the change in policy was shared with all staff. A copy of the communication to staff was sent to the auditor.</p> |

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| 115.368 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The agency policy states that use of segregated housing to protect a resident who is alleged to have suffered sexual abuse is subject to the requirements of PREA Standard 115.342. During interviews with the Superintendent, PREA Compliance Manager, PREA Coordinator, and the contract therapists they all expressed an understanding of this policy. They all stated isolation is used as a last resort only. Residents on isolation status would not be denied their access to their exercise or education services. The need for this isolation would be reviewed often, but no longer than every 30 days.</p> |

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| 115.371 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The agency provided their PREA Policy and their MOUs with both the Kandiyohi Sheriff Department and the Willmar Police Department. All documents were reviewed by the auditor. The agency conducts their own investigations into allegations of sexual harassment and refers all criminal investigations of sexual abuse to local law enforcement. The policy and MOUs require the law enforcement investigators to follow all the requirements of PREA standard 115.371. The auditor interviewed the Superintendent and PREA Coordinator in regards to their administrative investigations. Both confirmed that investigations will occur even if the alleged victim recants the original allegation. All administrative investigations are documented and secured in the desk of the PREA Coordinator. All administrative investigations of sexual abuse and harassment are conducted by supervisors and/or the PREA Coordinator, unless there is any indication that the investigation may be criminal. If there is indication of a possible crime, they will refer the investigation to law enforcement, per the MOU. The administrative investigation files were reviewed during the on-site audit. The files included information required in PREA standard 115.371 (g). There was information in the file detailing a description of both the physical and testimonial evidence and the overall finding. There were no criminal investigation files to review.</p> |

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| 115.372 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Per the agency PREA policy, in determining whether allegations of sexual abuse or sexual harassment are substantiated, the agency shall not use a standard higher than the preponderance of the evidence. The practice was confirmed during the interview with the Superintendent and a review of their investigation documents with the PREA Coordinator.</p> |

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| 115.373 | Reporting to residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The agency provided me with their PREA Policy during the pre-audit phase. The policy was reviewed and meets the requirements of PREA standard 115.373. The agency provided their MOUs with local law enforcement that details the requirement for law enforcement to keep them updated on the investigation progress.</p> <p>The agency policy requires them to update the victim of sexual abuse per PREA Standard 115.373.</p> <p>Per agency policy, if a staff member is alleged to have committed sexual abuse against a resident, the agency will inform the resident that the staff member is no longer posted in the resident's living area, the staff member has been terminated or indicted or convicted. In the past 12 months there have no such allegations.</p> |

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| 115.376 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The agency provided for review their PREA Policy, including the section "Discipline". Per policy, staff is subject to disciplinary sanctions up to and including termination for violating agency sexual harassment and sexual abuse policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. All terminations for violations will be reported to law enforcement, unless clearly not criminal. The agency will report violations to any relevant licensing bodies through the use of a "Special Incident Reporting Form". During interviews with the Superintendent and PREA Coordinator, knowledge and understanding of this policy was shared by both. There have been no staff incidents of sexual abuse or sexual harassment in the past 12 months.</p> |

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| 115.377 | Corrective action for contractors and volunteers |
| | <p data-bbox="252 168 893 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 518 280">Auditor Discussion</p> <p data-bbox="252 324 1484 705">The agency provided their PREA Policy for review during the pre-audit phase. Within the policy is a section titled "Discipline", which details their compliance with PREA standard 115.377. Per policy, the agency prohibit contract with residents of any contractor\volunteer who engages in sexual abuse and shall report law enforcement agencies, unless the activity is clearly not criminal, and to relevant licensing bodies through a "Special Incident Reporting Form". Per policy the agency will take appropriate remedial measures in cases where a contractor has any violation of their "Offensive Conduct, Harassment, and Violence" policy. 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> |

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| 115.378 | Interventions and disciplinary sanctions for residents |
| | <p data-bbox="252 902 893 936">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 981 518 1014">Auditor Discussion</p> <p data-bbox="252 1059 1476 1608">The agency provided section "Discipline" of their overall PREA Policy for review. The policy was reviewed and 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. Any discipline sanctions shall be commensurate with the nature and circumstances of the abuse committed, the youth's disciplinary history, and comparable sanctions for other youth with similar history. By policy, the if room time results from the incident, the resident will still have access to exercise and educational programming. They will also receive daily visits from medical and mental health staff. Per policy, staff will consider whether the resident's disabilities or mental illness contributed to the behavior when determining sanctions. All sexual contact between residents is prohibited, but such activity will not constitute sexual abuse if the activity is not coerced. This policy was reviewed with the Superintendent and PREA Coordinator. A review of substantiated cases of resident on resident sexual harassment found that the agency follows this policy in their practice.</p> |

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| 115.381 | Medical and mental health screenings; history of sexual abuse |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The agency provided the document "Medical and Mental Care", which is a part of their PREA Policy. The document details their compliance in policy with PREA standard 115.381. The staff completing the screening process were interviewed and they responded that all new intakes are seen by medical (the nurse) within 72 hours of intake. Medical is made aware of the report of sexual victimization made by the resident during the screening process. The agency contracts with a fulltime therapist who is available to meet with victims of sexual abuse if the victim so chooses. Within 10 days of intake, the PREA Coordinator conducts a detailed orientation with each new resident, including a review by the Coordinator of the resident's screening instrument and an offer of mental and/or medical services is completed as required. The practice of offering mental health and medical treatment to residents who reported being victims of sexual abuse or offering mental health therapy to those that reported previously perpetrating sexual abuse was in practice, but needed some more structure to it. During the on-site audit exit interview it was recommended to the agency by this auditor that they add questions to their screening tool asking residents who report sexual abuse if they would like mental or medical health treatment. It was also recommended that they add a question to the screening tool asking residents who report prior perpetration of sexual abuse if they want mental health treatment. The agency added the questions to their screening tool within days of the onsite audit and provided the auditor with the updated version of their screening tool. Any information related to sexual victimization or abusiveness that in an institution is limited to medical or mental health professionals and other staff as necessary. All medical and mental health staff are bound by State of Minnesota mandated reporting laws regarding informed consent and interviews of these staff demonstrated an understanding of these laws.</p> |

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| 115.382 | Access to emergency medical and mental health services |
| | <p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1484 660">The agency provided the document "Medical and Mental Care", which is a part of their PREA Policy. The document details their compliance with PREA standard 115.382. Per policy, the agency will provide immediate emergency access to medical and mental health care for recent victims of sexual abuse. If no such staff are available they will transport the alleged victim to St.Mary's Hospital, with whom they have an MOU for SANE medical services. In practice, all victims of sexual abuse would be offered SANE medical services at St. Mary's Hospital. They will also offer victim services through their MOU with Safe Harbors victim services. These services will be offered in a timely manner and at no cost to the victim.</p> <p data-bbox="252 705 1484 873">During staff interviews with both medical and mental health staff, they were both aware of their role to provide immediate treatment. They were aware of the MOU's with St Mary's and Safe Harbors. The nurse I interviewed expressed understanding of the need for SANE services and stated a victim could receive these services at St. Marys.</p> <p data-bbox="252 918 1484 1041">Per Policy, a resident victim of sexual abuse is offered timely information about and access to emergency contraception and follow up care for sexually transmitted or other communicable diseases, as appropriate, and will be documented.</p> |

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| 115.383 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | <p data-bbox="252 1245 901 1279">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 1323 526 1357">Auditor Discussion</p> <p data-bbox="252 1402 1484 1825">The agency provided document " Medical and Mental Care", which is a part of their PREA Policy. The document details their compliance with PREA Standard 115.383. The agency offers residents who disclose prior sexual victimization or abusiveness follow up medical or mental health care within 14 days of the initial screening. The agency provides follow up care from medical and mental health treatment services to those residents who have been victimized in a confinement setting. Services available include follow-up care from medical and mental health practitioners, treatment plans, and referrals to for continued care following transfer or release from custody. Pregnancy testing and tests for sexually transmitted diseases is available to female victims of sexual abuse while incarcerated. All services are provided to victims at no financial cost.</p> <p data-bbox="252 1825 1484 1910">These services and practices were reviewed with the mental health staff, medical staff, and the Superintendent during the on-site audit.</p> |

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| 115.386 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The agency provided their PREA Policy, which includes Section X, "Data Collection and Review". This portion of their policy details their compliance with PREA standard 115.386. The agency has had no sexual abuse investigations in the past 12 months. The agency has an incident review team the includes the Superintendent, Program Directors, PREA Compliance Manager and Coordinator, and Medical and Mental Health staff. Per policy, the agency would conduct a sexual abuse incident review at the conclusion of all sexual abuse investigations, unless the allegation was unfounded. The review team will consider whether changes to policy or practice needs to occur to better prevent, detect, and respond to sexual abuse. This review will consider the motivations behind the incident, the physical location of the incident, staff levels, and the staffing levels at the time of the alleged incident. Per policy, the agency would prepare a report to identify the areas of improvement and also implement recommendations for improvement. During the onsite interviews both the Superintendent and PREA Compliance Manager expressed an understanding of the role of the incident review team and their role on this team.</p> |

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| 115.387 | Data collection |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The agency provided their PREA Policy during the pre-audit phase. This policy includes a section called, " Data Collection and Review", which details their compliance with PREA standard 115.387. The agency does respond to the Survey of Sexual Violence from the Department of Justice each year and by June 30th. There have been no incidents of sexual abuse in the past 12 months. Per Policy the agency will collect accurate, uniform data for every allegation of sexual abuse. The agency uses a standardized set of definitions as prescribed by the Survey of Sexual Violence. The data is aggregated annually and is collected from available incident-based documents and sexual abuse incident review teams. The</p> |

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| 115.388 | Data review for corrective action |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | The agency has developed a process to collect and review data in order to assess and improve their effectiveness of their sexual abuse prevention, detection, and response. The agency provided their PREA Policy which includes a section called "Data Collection and Review", which details their compliance with PREA standard 115.388. The agency is prepared to post an annual report that will be approved by the Superintendent and placed on their public website. Before making the report available to the public, PLYP will remove all personal identifications. |

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| 115.389 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | 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, electronic records associated with the sexual abuse data for at least 10 years. All identifiers will be removed from the public reports. The PREA Coordinator was knowledgeable of her responsibilities in collecting the data, securing the information, and preparing the report for the website. The agency plans to post this report when the PREA audit is complete. |

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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | This PREA Audit was the first ever for Prairie Lakes Youth Programs. The agency provided detailed information during the pre-audit phase. This auditor had access to and toured all areas of the facility. The interviews were conducted in an area that was private for both the residents and the staff. The agency posted a notice of the upcoming audit in areas that the residents and visitors could see it. The residents reported knowing for "weeks" that a PREA Auditor was coming to their facility. |

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | This PREA audit is the first PREA audit of Prairie Lakes Youth Programs. There are no prior reports to be made public. |

Appendix: Provision Findings

| 115.311 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
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| | 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 | |
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| | 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 |
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|--|--|-----|
| | 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 |

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|--------------------|--|-----|
| 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? | no |

| 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 | yes |

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

| | | |
|--|---|--|
| | through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision? | |
|--|---|--|

| 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.) | no |

| | | |
|--------------------|---|----|
| 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.) | na |

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

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

| 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? | 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? | 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? | 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? | 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.) | no |

| 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? | 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? | 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? | 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 |

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|--------------------|---|-----|
| 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 |

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|--------------------|---|-----|
| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 115.363 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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|--------------------|---|-----|
| 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 |

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|--------------------|---|-----|
| 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 |

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|--------------------|--|-----|
| 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 |

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|--------------------|--|-----|
| 115.371 (i) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |

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|--------------------|---|-----|
| 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 |

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| 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 |

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|--------------------|--|-----|
| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 115.386 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |

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| 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 |

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| 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 |

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| 115.386 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |

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| 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 |

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| 115.387 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 115.389 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |

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| 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 |

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| 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.) | no |

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|--------------------|--|----|
| 115.401 (b) | Frequency and scope of audits | |
| | During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited. | no |

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| 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 |

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| 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 |

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

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| 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 |

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| 115.403 (f) | Audit contents and findings | |
| | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A only if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) | na |