

PREA Facility Audit Report: Final

Name of Facility: Neaves-Davis Center for Children

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/11/2019

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: Kimberly Harden	Date of Signature: 06/11/2019

AUDITOR INFORMATION	
Auditor name:	Harden, Kimberly
Address:	
Email:	k_harden@bridgeinc.org
Telephone number:	
Start Date of On-Site Audit:	04/10/2019
End Date of On-Site Audit:	04/12/2019

FACILITY INFORMATION	
Facility name:	Neaves-Davis Center for Children
Facility physical address:	817 Cook Ave, Huntsville, Alabama - 35801
Facility Phone	
Facility mailing address:	
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 checked="" type="radio"/> Detention <input type="radio"/> Correction <input type="radio"/> Intake <input type="radio"/> Other <input type="text"/>

Primary Contact			
Name:	Lisa Wilcox	Title:	Compliance Officer
Email Address:	lwilcox@madisoncountyal.gov	Telephone Number:	256-532-0338

Warden/Superintendent			
Name:	Christopher Tucker	Title:	Director Detention Care Services
Email Address:	ctucker@madisoncountyal.gov	Telephone Number:	256-532-0332

Facility PREA Compliance Manager			
Name:		Email Address:	

Facility Health Service Administrator			
Name:	Chris Tucker	Title:	Director Detention Care Services
Email Address:	ctucker@madisoncountyal.gov	Telephone Number:	256-532-0332

Facility Characteristics	
Designed facility capacity:	48
Current population of facility:	0
Age range of population:	10-18 years of age
Facility security level:	maximum
Resident custody level:	maximum
Number of staff currently employed at the facility who may have contact with residents:	36

AGENCY INFORMATION	
Name of agency:	Alabama Department of Youth Services
Governing authority or parent agency (if applicable):	
Physical Address:	1000 Industrial School Road, PO Box 66, Mt. Meigs, Alabama - 36057
Mailing Address:	
Telephone number:	3342153800

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

Agency-Wide PREA Coordinator Information			
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Name:	Lisa Wilcox	Email Address:	lwilcox@madisoncountyal.gov
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AUDIT FINDINGS

Narrative:

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

The pre-audit process began with a series of phone interviews and emails between the PREA Coordinator (PC) and the auditor. On 1.24.19 a call occurred between the PC and the auditor. We reviewed the pros and cons of utilizing the Online Audit System (OAS) for the audit process. The PC shared that connectivity and technology may be an issue, but she was willing to begin the process for use of the OAS. We established dates for the on site portion of the audit to be April 10-12, 2019. PC was given the contact information for the auditor so the Audit Notices could be posted in the facility. PC identified the following: Primary Contact would be the PC for Neaves Davis Center for Children (NDCC); there were no reported PREA incidents in this audit cycle; WellStone Mental Health Center provides mental health services to residents; Madison County Sheriff's Department provides investigations for sexual abuse and harassment incidents; Crisis Services of North Alabama provides the victim advocate services; and Huntsville Hospital was the provider of SAFE/SANE services. On 1.29.19 a follow-up letter was submitted through email from the auditor to the PC outlining the audit process for probationary certification status of newly certified PREA auditors. On 2.10.19 the Pre-Audit Reporting Form was submitted by the auditor. On 2.11.19 the request for OAS was submitted by the facility and access was granted to begin the Pre-Audit Questionnaire (PAQ). On 2.21.19 a phone call occurred between the PC and auditor to review the PAQ prior to submission. We again reviewed the key MOU status between the contract providers and the facility. As well, the PC identified the Agency Head as Jacques Cothren and Superintendent as Chris Tucker. The PC provided the website information for the facility, as well as local resources for news and review of reportable incidents. On 2.21.19 the auditor received an email confirming the PAQ had been submitted by the facility through the OAS. The auditor then began the pre-auditing process. After some quick email communications, the PC and auditor participated in a follow-up call on 3.29.19 to review the details for the on site portion of the audit and to establish a tentative agenda. We discussed having private and confidential space available for resident and staff interviews. We processed the space availability for auditor review of records and work area. The PC was given the PRC website information for review of the paper audit tools (including the resident and staff questionnaires). We discussed auditor unrestricted access to the facility and document reviews which would include resident files, personnel and training records of staff, and incident investigation files. The PC was also instructed to have available the staff rosters and schedules, and the resident rosters upon auditor arrival to the facility. The auditor continued review of the PAQ and made notes of items for review when arriving on site.

The on-site portion of the audit began on 4.10.19. The auditor arrived at the facility and participated in an introductory meeting with the Chief Probation Officer (Agency Head), The Director of Detention Care (Superintendent), the PREA Coordinator, the Intake Supervisor for Detention Services, and the Probation Department Supervisor. The on site review of the facility was conducted by the Detention Director and the PREA Coordinator. (Please see the Facility Characteristics portion of this summary for details.) The PC then provided a detailed list of the staff names, hire dates, shifts, positions, and days on schedule. Auditor randomly selected 12 staff for interview purposes by choosing every third staff on the list and

dropped down one name to include staff from each shift; when that staff was not available the person below them on the list was chosen. Due to part-time status of the staff and an off campus training, the final staff chosen for interview were based on availability during the shift. One spiritual volunteer was on campus during the on site phase of the audit and was interviewed. One educational contracted staff was chosen for interview based on availability due to it being a free period from class. The Detention Intake Supervisor was interviewed as someone who completes intake with residents. However, after beginning the interview it was determined that this person did not work for the facility, but for the Juvenile Probation Department in a separate office. Other specialized staff interviews included the Agency Head and the Superintendent, who also served as the Agency Contract Administrators, Administrative/HR Staff, and the Incident Review Team members. All Random Staff interviews of staff who supervised residents also received the Intake Staff , Perform Cross Gender Searches, and First Responder staff interview protocols. It was determined that all staff participate in intaking, searching and screening of new residents, and are trained as first responders due to their direct care supervision duties. Two Intermediate and Higher Level Staff were interviewed, and one of those was also interviewed using the Monitors Retaliation protocol. One Screening Staff interview protocol was completed. One Medical and Mental Health Staff interview protocol was conducted. One SANE interview protocol was completed. Upon arrival there were 11 residents at the facility. One discharged and one readmitted from a mental health hospital visit. 10 residents were interviewed using the Random Resident protocol. Two of those 10 were interviewed using specialized resident interview protocols; one for a Resident Who Reported A Sexual Abuse (at intake reported being sexually assaulted three weeks prior) and one for Disabled and Limited English Proficient (for an educational IEP). The 11th resident was unavailable for interview due to running a fever. 10 staff personnel and training files were reviewed. 12 resident intake and medical files were reviewed. Three investigative files were reviewed. The auditor was on site for three days covering time frames that included all three shifts. The auditor was freely given access to all areas of the facility, including staff and resident files. Staff were friendly and accommodating throughout the audit process. No one refused an interview, and the staff were eager to share their knowledge of PREA safety practices, and to ask questions to improve their ability to prevent, detect, and respond to sexual abuse and harassment. At the conclusion of the on site audit, on 4.12.19, the auditor completed a closing interview with the Chief Probation Officer, The Director of Detention Care, and the PREA Coordinator.

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.

Neaves-Davis Center for Children is a stand alone juvenile detention center that shares a lobby and intake office with the juvenile probation office. The facility is a secure building that is accessible by the security staff monitoring the video cameras from the control room and allowing access through electronic locking mechanisms on the doors. Visitors register in the lobby area with the 24 hour a day intake/booking staff. Off the booking area where the initial screening assessment occurs, residents are taken to a private shower area to complete the contraband search and showering protocol for admission into the secure detention area. A locked "holding" cell is between the intake department and the locked detention facility that consists of glass windows for observation of the residents and secured benches for seating. Entrance into the secured detention area leads to the master control room that is enclosed, but visible through a glass enclosure. The locked master control room houses the video monitoring system, the locked resident files, and the locking/entry system for the facility doors that is manned 24 hours a day by detention juvenile supervisors. The hall forks into two main areas. One hall leads to the administrative staff offices, the education classrooms, the medical office, and the indoor gymnasium. The other hall includes the individual detention pods where the resident cells are located. The facility is made up of eight pods labeled A-F. Each pod houses eight single person cells that can be individually secured, two single person showers with a solid door for resident privacy, a laundry closet accessible from the main resident day room area, a maintenance closet for accessing pipes and electrical panels, a storage closet for clothing and toiletries, and a work station in the main day room area for the detention juvenile supervisors. Maintenance did not work at the facility, but worked for the county and came in when needed. When maintenance was in the pods working, the residents were taken out of the pods to participate in other activities, or placed in the cells for safety. The main day area in each pod has tables and seating for letter writing, games, and social interaction. Each pod is monitored by two cameras on opposite walls. Cameras do not view into the private cells, nor the private showers. The phone utilized for resident calls is in the juvenile supervisor work station, and the staff dial the phone for resident use. Phones are not recorded, and residents are allowed daily contact with legal guardians. There were Sexual Assault Hotline posters in the pods, as well as the PREA Auditor Contact Notices on the entry doors to each pod. The entry doors had signage that reminded staff to announce when entering cross gender pods. Pods were staffed by same sex staff as the residents. F-pod was the designated female pod. Two other pods were in use for male residents. There were three female residents and seven male residents during my tour. One male resident readmitted from the hospital during the on site portion of the audit. One pod was being used as a staff training center. There is a cafeteria with tables and seating for residents and staff to eat meals, and a handwashing station. There were four cameras located in the cafeteria. Attached to the cafeteria, and accessible through an open serving window or a locked door, is the kitchen. The kitchen had a main work area for food prep and dish washing. There was a dry goods area for food storage, a freezer area for food storage, and a refrigerator area for food storage. There was also a break room area and office for the kitchen staff to utilize in the secure kitchen area. Direct entry into the kitchen is not accessible to staff or residents. When completing the onsite audit tour, we walked outside and were buzzed in from an external door of the building to enter the kitchen. Camera locations included all kitchen areas, except a mop area and the freezer/refrigerator. The facility employs

three kitchen staff, and one was included in the random staff interviews. There were three educational classrooms for student instruction, one of which served as the facility library. Each classroom had a two cameras on opposite walls. There was a nurse office and examination room all in one, with no cameras. There was an education office with computer access for off site interviews with mental health staff through Skype technology. There was a secure fenced in outdoor recreational area for basketball, as well as grassy areas. Camera views were available of the outdoor basketball court and the exits used to access this area. There was an indoor gymnasium for indoor recreational activity. Four cameras were located on each wall for monitoring. There were two locked outdoor exits used for fire exits. There was an indoor area with a ping pong table and video gaming systems. This was the area the auditor used as the primary work station and interview room. Two cameras were in the room and the room had a door with a window for privacy. All cameras in the facility were visual only, no sound. Juvenile supervisors monitoring cameras were not part of the 1:8 ratio of direct resident supervision. Also contracted education and administrative staff were not part of the 1:8 ratio of direct resident supervision.

Maximum capacity for the facility is 48 residents. At the time of the auditor's on site visit, there were 11 residents on site. F pod was designated for female residents only. Male and female residents were supervised separately and only mixed when in the classroom for education services. The ratio of staff to residents was 1:8; however, at the time of my visit with the low numbers of residents, it averaged 1:4 during waking and sleeping hours. There were 37 employed staff within the facility at the time of the on site audit, and one Agency Head who also serves as the Chief Juvenile Probation Officer for the County. Positions for the facility included one detention director, one compliance officer/PREA coordinator, two kitchen staff, one kitchen supervisor, one nurse, two detention supervisors, one detention secretary, and 28 juvenile supervisors. There were three noted volunteers and six contracted education staff on site. Mental health, health department, and spiritual services are also provided through cooperative agreements and volunteers.

AUDIT FINDINGS

Summary of Audit Findings:

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

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

Number of standards exceeded:	2
Number of standards met:	41
Number of standards not met:	0

During the post-audit phase, the following items were reviewed by the auditor and corrected by the PREA Coordinator and Detention Director prior to the completion of the Final Audit Report. The three required questions from standard 115.317 (a)-1 for potential employees were submitted and uploaded to the county online application process for applicants applying for positions in NDCC. The Detention Director added the questions to his standard interview protocol. And a form was developed with the three questions for new hire self report during the on-boarding process. The original application did ask about previous convictions. Standard 115.333 (f)-1 was in compliance. Residents could speak to the fact that they received the initial orientation and follow-up education on PREA when warranted. An observation was made by the auditor that the female residents were more knowledgeable of their PREA rights, and staff appeared to be more careful when supervising the female residents. Auditor attempted to raise awareness for male residents being at as much risk for sexual abuse and harassment, and the need for consistent messages of PREA sexual safety awareness across the gender spectrum. Standard 115.341 (c) was reviewed with the facility. The facility was in compliance in that all elements of the PREA screening assessments were in place. However, the information was gathered through the completion of four different screenings that had to be compiled into one risk alert form. The facility was given resources for creating one comprehensive and objective risk screening assessment tool. Standard 115.388 calls for the collection of aggregated annual comparison data of sexual abuse and harassment allegations and investigative findings. The facility did not have this data posted on the website pursuant to (c)-1. Different samples were reviewed and the facility created an annual report and posted it to the website prior to the completion of the Final Audit Report.

The facility was found to be in compliance on all 43 standards.

* There were two Exceeds Standard findings: 115.313-Supervision and monitoring; and 115.331-Employee training. A detailed description of the findings for these standards can be found in the body of the audit report.

* There were 41 Meets Standard findings.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>115.311</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Zero Tolerance Policy * NDCC Policy 115.311: Zero Tolerance/PREA Coordinator * PREA Standards definitions (pg. 8) * Madison County Employee Handbook: Sexual and Other Unlawful Harassment * NDCC Organizational Chart * Facility Compliance Officer Job Description (i.e. PREA Coordinator) <p>Interviews:</p> <ul style="list-style-type: none"> * PREA Coordinator <p>Site Review Observations:</p> <ul style="list-style-type: none"> * Observations during on-site review of physical plant <p>Findings:</p> <p>(a) The agency has a written policy for mandating Zero Tolerance towards all forms of sexual abuse and sexual harassment. The agency has identified the steps staff and residents will take to prevent, detect, and respond to sexual abuse and sexual harassment. The definitions from the PREA standards have been copied and placed with the policy as a supplemental form. The agency policy and Employee Handbook include sanctions that will occur if someone engages in the prohibited behaviors. Agency strategies for reduction and prevention of sexual abuse behaviors is outlined in the policy. The agency has identified examples of sexual abuse in the policy to include, but are not limited to:</p> <ul style="list-style-type: none"> • Unwanted sexual advances • Offering gifts/favors in return for sexual favors • Making or threatening reprisals after refusing sexual advances • Visual conduct that includes leering, jeering, sexual gestures, displaying sexual objects, pictures or cartoons • Conduct that includes making or using derogatory comments, slurs, jokes, or other verbal abuse. • Sexual advances or propositions • Obscene gestures, letters, notes or invitations • Physical conduct that includes touching, assaulting, impeding or blocking movement <p>The policy identifies ways information is obtained about resident risk factors for sexual abuse and harassment to include the screening and intake process, grievance reports from residents, staff incident reporting, family reports, written letters, verbal communication, and through the use of the crisis hotline, among others. The steps for investigation are noted from internal administrative reviews through referrals to local law enforcement for criminal investigations. The Employee Handbook and Resident Handbook address sanctions for failure to report or false reporting. The policy reviews steps the agency takes to provide relevant</p>	

training to the staff to assist in preventing, detecting, and responding to sexual abuse and harassment. The policy also addresses the scope of using the 24/7 video monitoring for maintaining sexual safety in the facility.

(b) The agency has a current organizational chart that includes a designated PREA Coordinator. The PREA Coordinator serves as the facility's Compliance Officer. She reports directly to the Director of Detention Care. During staff interviews and throughout the audit process, she indicated that she had the time and support from the agency leaders to complete the duties associated with monitoring PREA compliance in the facility.

(c) The agency does not operate more than one facility, therefore a PREA Manager position is not required, and not noted in this audit.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.312 The following evidence was analyzed in making the compliance determination:</p> <p>Interviews: * Agency Head</p> <p>Site Review Observations: * Observations during on-site review of physical plant</p> <p>Findings: (a) & (b) This agency has not entered into any contracts with other agencies for the confinement of residents.</p>

115.313	Supervision and monitoring
Auditor Overall Determination: Exceeds Standard	
Auditor Discussion	
<p>115.313</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Policy 115.314: Supervision and Monitoring * NDCC Policy 1.59: Review of Staffing Requirements * Individual pod log book entries * Monthly staffing schedule * Supervisor meeting notes * Employee Vacancy List for Full and Part Time Staff <p>Interviews:</p> <ul style="list-style-type: none"> * Chief Probation Officer * Director of Detention * PREA Coordinator * Higher Level Staff * Random Staff <p>Site Review Observations:</p> <ul style="list-style-type: none"> * Staff placement in the facility while supervising residents * Review of log books in the pods * Video monitoring station <p>Findings:</p> <p>(a) The facility has a policy that outlines the following practice: "This facility has a staffing ration of 1:8. This ratio is based on the pod size which contains eight separate sleeping areas. Video surveillance operates 24 hours a day which protects against sexual abuse. All factors were taken in consideration when installing and developing the video surveillance and the staffing ratio. This policy is reviewed yearly by the Director of Detention Care Services and the Chief Probation Officer." A tour of the facility while on site supports the placement of video cameras in the pods and other areas being utilized in the detention facility. There are cameras strategically placed throughout the facility that minimize the existence of blind spots. The only area of note would be the refrigerator/freezer and an open storage area in the locked kitchen, and this area had a camera that viewed the entrance to each, and a mirror to assist in blind spot coverage viewing. A detention officer monitors the cameras and doors 24 hours a day. Each pod houses up to 8 residents, and each pod has at least one assigned juvenile supervisor. The Chief Probation Officer and the Detention Director verified the quarterly reviews of the staffing patterns with meeting notes. The staffing plan that is monitored and approved by the county meets the minimal requirements for the 1:8 awake and the 1:16 asleep staff. The facility exceeds the 1:16 ratio requirement, as each pod houses a maximum of 8 residents, and at least one staff is assigned at all times when residents are present. With the low resident numbers, the facility regularly maintains about a 1:4 ratio. This ratio excludes administrative and contract staff that are on site performing other duties. Higher</p>	

level supervisory staff are also assigned to each shift and are not included in the staffing ratio numbers, except in emergency situations. Based on the review of incidents, review of media, interviews with the Chief Probation Officer, and Detention Director, there have been no findings of inadequacy from Federal, judiciary, internal, or governing body investigations. There have been no substantiated cases of sexual harassment or sexual assault during the PREA audit process. The facility consistently meets and exceeds the ratio requirements set forth in the PREA standards and other governing bodies for the resident population being served.

(b) There were no incidents of non-compliance with the staffing plan and ratio requirements. Interviews with the Chief Probation Officer, Director of Detention, random staff interviews, review of staff schedules, incident reports, and on site observation of the shift coverage supported this determination.

(c) The staffing plan meets the minimal requirements for the 1:8 awake and the 1:16 asleep staff. The facility exceeds the 1:16 ratio requirement, as each pod houses a maximum of 8 residents, and at least one staff is assigned at all times when residents are present. With the low resident numbers, the facility regularly maintains about a 1:4 ratio which again exceeds the minimal requirements. This ratio excludes administrative and contract staff that are on site performing other duties. The facility meets the Federal and State mandates for juvenile supervision ratios that govern their facility.

(d) In the last 12 months the facility has maintained the required ratio requirements. The quarterly reviews of the staffing patterns are completed and relevant meeting minutes were reviewed. No recent updates were made to the facility's video monitoring system and the Chief Probation Officer supported that during the last upgrades to the technology, he did include the PREA standards of assessing how the technology could support his staff in preventing, detecting, and reporting sexual safety concerns of the resident population. The facility regularly interviews and hires part-time and full-time juvenile supervisors to manage the natural attrition of staff departures, and coverage of staff leave for personal reasons. Per interviews with the PREA Coordinator, Director of Detention, and Chief Probation Officer, the PREA Coordinator regularly reviews the staff schedule with the Detention Director and is consulted on the annual staffing plan. The Chief Probation Officer and the Detention Director meet at least quarterly and identify the strengths and challenges of the staffing plan. The Chief Probation Officer has the ability to seek positions and funding for staff as needed through the county commission.

(e) The facility has a policy that outlines the following practice for unannounced rounds: "Shift supervisors conduct unannounced rounds to each pod to deter any potential sexual abuse issues. These rounds are documented in each pod log book. Staff is prohibited from alerting other areas of the unannounced inspections." Review of pod logbooks indicated that the unannounced rounds do occur on each shift, and are random and unscheduled. Interviews of the shift supervisors/higher level staff conducting these rounds confirmed that the rounds do occur at random intervals. Precautions shift supervisors take to keep the rounds from being alerted include varying the times they go to each pod. When shift supervisors recognize alerting, such as clicking the door locks or clicking the radios, they will address the staff on duty with coaching of the importance of monitoring the pod safety, and choose a later time to view the other pods. Unannounced rounds occur on each shift on a daily basis, and supervisory staff are assigned to each shift.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.315</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Policy 115.315: Limits to cross-gender viewing and searches * Search training acknowledgement form * Staff training log in personnel file * Strip Search Procedure March 2015 <p>Interviews:</p> <ul style="list-style-type: none"> * PREA Coordinator * Intake Staff * Random Staff * Random Residents <p>Site Review Observations:</p> <ul style="list-style-type: none"> * Intake process * Intake and search area * Video monitoring station <p>Findings:</p> <p>(a) The facility policy indicates the following: "This facility shall enforce a zero tolerance policy regarding cross gender searches. Male staff will supervise male residents during the admission process and female staff will supervise female residents during the admission process. Each staff receives strip search procedure training upon employment. No cross gender searches are allowed at this facility. Body cavity searches will be conducted by medical personnel when required." My observation of the intake process, as well as staff and resident interviews support that cross gender searches do not occur at this facility. There were no documented incidents of cross gender searches occurring during this reporting period.</p> <p>(b) & (c) There were no documented incidents of cross gender pat down, strip, or cavity searches during this reporting period. Staff and resident interviews supported this finding, as well as a review of the log books and resident files.</p> <p>(d) The facility policy practice indicates the following: "Showers and toilet areas will be kept private and will not be video recorded to allow for privacy without staff viewing breasts, buttocks, genitalia except in exigent circumstances or when such viewing is incidental to routine room checks. When staff of the opposite gender enters the housing unit, they will announce their arrival. At no time will staff of the opposite sex be left unattended with residents of the opposite sex." The residents are housed in single cells, in gender specific pods, and are monitored by same sex staff. The residents are able to shower in single use rooms with a closed door for privacy. Residents enter and exit the shower areas fully clothed. Each pod entrance has signage that reminds the staff to announce when opposite gender are entering the area. Staff use hand held radios to announce themselves to staff prior to entering opposite gender pods to confirm resident activities. Random staff and resident interviews</p>

supports that this is the regular practice. Resident interviews indicate that residents feel their privacy is held in high regard, and that staff show respect when completing supervisory duties. When staff are completing night checks and residents are in their cells, residents alert staff when they are using the toilets in their cells. Staff note that if they see the residents are on the toilet, they immediately avert their eyes. Accidental viewing is noted in the pod log books when needed. The video monitoring technology does not provide viewing of the showers, changing areas, or toilet areas of the residents.

(e) The facility policy practice indicates the following: "Employees shall not search or physically examine transgender or intersex residents for the sole purpose of determining resident's genital status. If the genital status is unknown, it may be determined through conversations with the resident, by reviewing medical records, or through a more extensive medical examination performed by a medical practitioner. Residents will be searched based on their genitalia – if resident has vagina, search will be performed by female staff; if resident has penis, search will be performed by male staff." A review of the intake screener and observation of the intake process supports that residents are verbally asked their gender and anatomy prior to the search procedures and resident preference is considered.

(f) A review of the training records and random staff interviews supports that new staff are trained in the proper ways to conduct pat down and strip searches of residents. The training content was reviewed and the steps for completing searches are outlined per the PREA guidelines. Random staff interviews indicated staff are very aware of the policies regarding cross gender searches and hold the safety and privacy of the residents in high regard. The staff shared reasons for resident preference for opposite gender staff searches (such as a transgender female) and how they would seek assistance from supervisors and medical personnel as needed.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.316</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Policy 115.316: Residents with disabilities and residents who are limited English proficient * Memo: NDCC PREA Standard 115.316/115.333 * Resident intake and orientation admission forms <p>Interviews:</p> <ul style="list-style-type: none"> * Intake Staff * Random Staff * Random Residents * Learning Disabled Resident * Contract Staff * Medical Staff <p>Site Review Observations:</p> <ul style="list-style-type: none"> * Resident intake orientation and admission process <p>Findings:</p> <p>(a) & (b) The facility policy provides for all residents, including limited English proficient, those with physical and learning disabilities, and those with mental health limitations to participate in the facility's efforts to prevent, detect, and respond to sexual assault and harassment. The policy practice is indicated by the following: "Staff conducting the medical screen will notify the detention director and the medical staff of any juvenile who reports an inability to perform any basic life functions. The staff will also notify the detention director and the medical staff should they have any suspicions regarding a juvenile's ability to perform basic life functions. The detention director and the medical staff will evaluate the juvenile's special needs and make immediate arrangements to provide the juvenile with assistance to perform the basic life function(s) which the juvenile is unable to perform on his/her own. Services of this type may be provided by the nurse, an outside health care provider approved by the medical staff, or facility staff whom has received training as required by the medical staff. Interpretation services will be provided on an as needed basis. The Huntsville Police Department employs officers who can assist in translation during the intake process. Once the juvenile is placed in detention, he or she will be provided with an attorney fluent in their language. During his or her detention, stay, facility will utilize translators provided by the Madison County jail system. The Huntsville City School system employs an ESL (English as a Second Language) instructor who will be utilized to assist the juvenile in their educational pursuits." On site observations of the intake process, review of the medical and intake screeners, and review of the juvenile probation office social history form indicates that staff have the tools needed to identify any barriers to resident abilities to participate in program activities, which includes their education on resident rights to be free from sexual assault and harassment. It was also noted that</p>

Huntsville City School system provides special education teachers to the facility to assist with those with reading and educational limitations. A resident interview of someone with limited reading skills supported that intake staff, and other supporting staff, assist him regularly in reading information that he does not understand. This resident states he feels confident that if he needed additional help, he would ask and it would be provided to him.

(c) The facility has taken measures to secure interpreter services with local community agencies. The facility is also proactive in its hiring procedures to include supervision staff that can speak the most common second language of the residents and families served in their community.

115.317 Hiring and promotion decisions

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.317

The following evidence was analyzed in making the compliance determination:

Documents:

- * NDCC Policy 115.317: Hiring and promotion decisions
- * Personnel file of two newly promoted staff
- * Personnel files for new hires and current employees
- * Background check findings in personnel records/Authorization and Release Form
- * Structured Interview for Juvenile Supervisor Position form

Interviews:

- * Director of Detention/Administrative Staff
- * PREA Coordinator
- * Higher Level Staff

Site Review Observations:

- * Madison County Online Application

Findings:

(a) (b) (e) & (h) The facility policy practice indicates the following: "This facility shall adhere to the guidelines of the Madison County Commission regarding hiring and promotion of employees. These guidelines are defined and described in the Madison County Employee Handbook of Rules, Policies, and Procedures. NDCC shall not promote or hire anyone who has engaged in sexual abuse in a prison, jail, lock up, community facility, juvenile facility, or other institution. NDCC shall not hire any individual 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 to these acts. Before hiring any individual the Madison County Personnel Department shall conduct criminal background checks on any potential employee. The Child Abuse registry shall be consulted also. These background checks will be conducted every five years as required by PREA. Contractors and volunteers utilized by this facility shall undergo the same criminal back ground checks as established for employees. Any request for background information on past employees from future employers is conducted through the Madison County Personnel Department." Review of personnel files show that prior to hiring staff, criminal background checks and checks of child abuse registries are conducted. These checks are updated every 5 years. There were two staff who were promoted during this audit period, with background checks less than 5 years old, and after the auditor provided corrective feedback, the staff received updated background checks that confirmed their eligibility for promotion. Consultation with the PREA Coordinator and Detention Director was provided to insure this would be the process for future promotions as well, as indicated by the facility policy. Information related to employee misconduct is submitted to the Madison County Personnel Department for disclosure to future employers.

(c) The agency indicated that in the last year, 36 employees were hired. A random review of

employees personnel files supported that the criminal and child abuse registry background checks were completed on all employees.

(d) The teachers and mental health providers that contract with the facility are provided the same criminal and child abuse registry background checks by their employers and are verified prior to working with the resident's of this facility.

(f) The agency uses the county's online application process for seeking potential employees. This online application process did not specifically ask the questions indicated in this standard. A supplemental questionnaire was uploaded to the application process for potential applicants for this facility. The Detention Director uses a standard set of questions with potential employees, and he asks about misconduct history during the interview process. A specific form was also developed with the three questions for employees to review and sign at time of new hire to support the employees affirmative duty to disclose misconduct.

(g) Based on agency policy and staff interviews, the facility does terminate if employees fail to disclose misconduct in the hiring process.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.318 The following evidence was analyzed in making the compliance determination:</p> <p>Interviews:</p> <ul style="list-style-type: none"> * Chief Probation Officer * Director of Detention * PREA Coordinator <p>Site Review Observations:</p> <ul style="list-style-type: none"> * Video monitoring station * Camera placement throughout facility * Facility plant <p>Findings:</p> <p>(a) The facility reports no expansion or acquisition of new properties since the last PREA audit cycle.</p> <p>(b) The facility reports no upgrades to the camera system or technology since the last PREA audit cycle. On site tour of the facility, and supporting staff interviews of the PREA Coordinator and Detention Director support this finding.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.321</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * MOU Madison County Sheriff's Department * NDCC Policy 115.321: Evidence protocol and forensic examinations * MOU Huntsville Hospital * MOU Crisis Services of North Alabama * Investigation files <p>Interviews:</p> <ul style="list-style-type: none"> * Chief Probation Officer * Director of Detention * PREA Coordinator * SAFE/SANE Nurse * Director of Crisis Services of North Alabama * Madison County Sheriff's Department (confirmed MOU only) * Random Staff * Random Residents * Resident Who Reported Previous Sexual Abuse * Higher Level Staff * Medical Staff <p>Site Review Observations:</p> <ul style="list-style-type: none"> * Crisis hotline posters on walls of pods, in day rooms, in lobby, in cafeteria, in classrooms, in admin offices * Observation of phones in individual pods * Observation of log books with nightly resident calls logged <p>Findings:</p> <p>(a) & (b) The agency does not conduct administrative or criminal investigations for allegations of sexual abuse or harassment. The facility has a MOU with the Madison County Sheriff's Department for conducting administrative and criminal investigations for allegations of sexual abuse or harassment. Review of incident reports and investigative files supports that a Sheriff's investigator is utilized for this task.</p> <p>(c) The agency has a MOU with Huntsville Hospital and with Crisis Services of North Alabama. Crisis Services provides SANE examinations through Huntsville hospital and can also provide the SANE examinations at the facility when appropriate. Contact was made with the providers to verify the current status of the MOU and the agreement therein. The examinations are offered at no cost to the victim. No examinations have occurred in the last 12 months. Contact with the SANE nurse did indicate that in the distant past they were called to the facility to examine a resident who was assaulted prior to being admitted to the facility.</p> <p>(d) & (h) The agency has a MOU with Huntsville Hospital and with Crisis Services of North</p>

Alabama. Crisis Services is the provider of rape advocates for victims of sexual assault. Huntsville Hospital and Crisis Services are staffed 24 hours a day, 365 days a year. Staff and resident interviews support the active role that Crisis Services plays in residents receiving victim support for sexual abuse and harassment that occur on site and incidents reported to have occurred prior to residents being admitted to the facility.

(e) The agency policy indicates the following: "NDCC employs staff trained in victim advocacy and also as first responders and will accompany the resident throughout the examination process. Huntsville Hospital employs SANE personnel who will be utilized in the eventuality of sexual abuse. Other agencies such as the Crisis Center, etc, will be made available to the resident. Pamphlets regarding these agencies are available to all residents. Staff are trained victim advocates and will be available to the victim as requested." Random staff interviews and a review of the training records supports that staff are trained to provide victim advocacy and first responder duties. Staff consistently were knowledgeable about how to secure the scene for investigators, how to separate the victim and perpetrators, and how to preserve evidence. Interview with Crisis Services supports their ability to provide victim advocacy and to support the victim throughout the examination process, as well.

(f) The agency has a MOU with the Madison County Sheriff's Department that ensures the investigators "are trained in sexual abuse investigation and are aware of PREA guidelines." Contact was made with the sheriff's department to verify the current status of the MOU.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.322</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Policy 115.322: Policies to ensure referrals of allegations for investigations * Investigation files/grievance forms/investigative report * Resident files/mandatory report for allegations of sexual abuse * Resident Intake/Orientation Packet * Health Screening Form * Agency website * Internet search of local news or reports <p>Interviews:</p> <ul style="list-style-type: none"> * Chief Probation Officer/Investigative Staff * Director of Detention/Investigative Staff * PREA Coordinator * SAFE/SANE Nurse * Madison County DHR * Random Staff/Intake Staff * Resident Who Reported Previous Sexual Abuse <p>Site Review Observations:</p> <ul style="list-style-type: none"> * Grievance box next to entrance of cafeteria * Intake process <p>Findings:</p> <p>(a) Agency reports that no allegations of sexual abuse and harassment during the previous 12 month period. A review of incident reports, client records, and investigation reports supported this. Investigation reports from previous years were reviewed to verify that staff follow the policy as outlined. Allegations of sexual harassment were reported to the sexual assault investigator, allegations were investigated, and the findings were reported in writing back to the facility for review.</p> <p>(b) The agency's policy indicates the following practice: "Allegations of criminal acts including sexual abuse and sexual harassment will be documented through the incident report or grievance reporting process currently utilized by this facility. Once this report has been completed by the resident, detention supervisors will review and forward to the Director of Detention Care Services and the Chief Probation Officer. These allegations will then be referred to the Madison County Sheriff Department for further investigation. NDCC will follow all recommendations, investigative guidelines and directives from the investigative staff of sheriff Department. This agencies zero tolerance policy and procedures for investigating sexual abuse and sexual harassment charges are posted throughout the facility and are explained during the hiring process of all new employees." Review of the resident files and investigative findings support that all allegations of sexual abuse and harassment are referred</p>

to the sheriff's department for investigation. Resident files and resident interviews of someone who reported prior sexual abuse support that disclosures of sexual abuse occurring prior to the resident being admitted is also reported to the Department of Human Resources and criminally investigated if warranted.

(c) The agency's Zero Tolerance policy and annual report of referrals is posted on the agency website, and both are available for download by clicking on the heading PDF icon.

115.331	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.331</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Policy 115.331: Employee Training * PREA: Your Role responding to Sexual Abuse training certificates * NDCC annual training logs in personnel files * PREA Training Policy 115.331 (a)-1 * NDCC Mandatory Reporting Policy <p>Interviews:</p> <ul style="list-style-type: none"> * Chief Probation Officer * Director of Detention * PREA Coordinator * Higher Level Staff * Random Staff/Intake Staff <p>Site Review Observations:</p> <ul style="list-style-type: none"> * NDCC Mandatory Reporting Policy posted in intake/search area <p>Findings:</p> <p>(a) The agency policy practice indicates the following: "Yearly training of employees will consist of the following:</p> <ul style="list-style-type: none"> • Zero tolerance policy • Prevention, detection, reporting, and response to sexual abuse and sexual harassment allegations • Resident's right to freedom from sexual abuse and sexual harassment • Dynamics of sexual abuse and sexual harassment in juvenile facilities • Detect and respond to threats of sexual abuse/sexual harassment • Common reactions of juvenile victims of sexual abuse/sexual harassment • How to distinguish between consensual sexual contact and sexual abuse • How to avoid inappropriate relationships with residents • How to communicate effectively and professionally with residents including homosexual, transgender, bisexual, and gender nonconforming residents • Mandatory reporting process <p>Staff will view power point presentations, attend seminars, and read related material to receive training in the above areas. Spokespersons from community organizations such as Crisis Services will present training sessions to detention staff addressing sexual abuse and sexual harassment issues." A review of the training records indicated that the staff received the mandatory PREA training prior to providing direct resident supervision, and at least annually thereafter. A review of the content of the training verified that the key elements of PREA prevention, detection, and reporting procedures were provided to trainees. Random staff, higher level staff, and administrative staff interviews verified the staffs' knowledge and</p>

familiarity of the PREA standards. The staff understand the importance of PREA implementation with regards to maintaining the sexual safety of the residents in their custody.

(b) The staff training records and above selected interviews indicate that staff are annually trained on adolescent development issues. Residents are monitored by same sex staff in the pods, especially during shower times. Only during educational services and meal times are the staff and residents cross gender supervised. Training content indicated that staff are trained on how gender issues affect adolescent development. Random staff interviews indicated that staff are sensitive to the individual needs of the the clients, and they asked relevant questions that showed the value they place on recognizing the residents rights to be free from sexual harassment and sexual assault.

(c) The staff have a congenial relationship with the PREA Coordinator and share that at least monthly she is on the floor with them providing scenarios, worksheets, and informational sheets related to PREA policy implementation. Random staff interviews often indicated that the PREA Coordinator is providing ongoing supervision and training not just in a classroom setting, but also in real-time on the floor. Staff shared that they felt confident in their training, and could clearly communicate the importance of preventing, detecting, and responding quickly to sexual safety issues. Random staff and higher level staff interviews also supported that the facility staff recognize early warning signs and red flags, and intervene at that level before an incident can escalate.

(d) The personnel records contained a running training log of all staff training titles with the date and signature of staff attendance. The staff also signed an acknowledgement form for the staff receipt of PREA training with the core components of the Zero Tolerance Policy noted above. Training formats included PowerPoints, webinars, worksheets/pamphlets, and on the job training.

115.332	<p>Volunteer and contractor training</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.332 The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * Contractor Zero Tolerance Training Log * Contractor/Volunteers annual training and orientation files <p>Interviews:</p> <ul style="list-style-type: none"> * PREA Coordinator * Contractors * Volunteers <p>Site Review Observations:</p> <ul style="list-style-type: none"> * Educational programming being conducted * Spiritual volunteer interaction with staff and residents <p>Findings:</p> <p>(a) thru (c) The agency used the Zero Tolerance Policy as the foundation for volunteer and contractor training. The training was verified through a training signature log. Contractor and volunteer interviews indicated that the persons were knowledgeable of the PREA standards and understood their role in preventing, detecting, and responding to sexual safety issues. Contractors and volunteers knew how to report, and shared their comfort in working with the facility personnel to maintain sexual safety during their particular programming. Volunteers and contractors indicated that they were not left alone with residents, and that staff maintained the 1:8 ratios even during their programming events. A spiritual volunteer was interviewed who worked with the female residents. She indicated that a male volunteer came to campus to work with the male residents. An education contract staff was interviewed who works with residents and is employed with the Huntsville School System.</p>
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115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.333</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Policy 115.333: Resident Education * NDCC Guide to Preventing and Reporting Sexual Misconduct (Resident Handbook) * NDCC PREA Standard 115.316/115.333 (Memo of Translation) * NDCC Juvenile's Orientation Notice of Understanding PREA (resident signatures of orientation in resident files) <p>Interviews:</p> <ul style="list-style-type: none"> * PREA Coordinator * Random Residents * Residents With Learning Disabilities * Random Staff/Intake Staff <p>Site Review Observations:</p> <ul style="list-style-type: none"> * "PREA Orientation: Facts That Every Juvenile Should Know" (A printed PowerPoint in a black notebook in each pod for retraining of residents.) * Intake process/orientation observed <p>Findings:</p> <p>(a) thru (f) The agency policy practice indicates the following: "Upon intake, all residents will receive a Resident Rule Book and pamphlets which outline the NDCC's policy on sexual abuse and sexual harassment. These pamphlets also outline the steps taken when reports of this nature are received. At the time of admission, detention staff will inform the residents of the incident report policy utilized by this facility. All residents will sign documentation stating this information has been received and understood. Translators or other special assistance will be made available to those residents requiring these services. Pamphlets and handbooks are located throughout the facility for residents use. Current residents who have not received this information will be educated within one year of the effective date of PREA standards. Signed documentation will be kept in each resident's intake folder. Resident's returning to this agency from another facility will undergo the intake process to reacquaint them with the zero tolerance policy of this agency. For residents requiring special assistance such as translators, etc, help will be provided on a case by case basis." Upon intake the staff review the NDCC Juvenile's Orientation Notice of Understanding PREA with each resident. This document is reviewed and signed prior to the resident participating in the intake search and shower procedures. The orientation form is written in simple, bulleted statements that outline resident rights to be free from sexual abuse and harassment, as well as ways to report, definitions of PREA terminology, implications of reporting, and implications of false reporting. This form is housed in the resident file, and was noted in the record reviews of all residents while on site. The auditor observed this initial orientation process, and it was noted in returning client records that the form was updated each time the resident left and returned to the facility. There is a</p>

more comprehensive PREA PowerPoint that is kept in the housing units (pods) in a notebook. The staff review this PPT with residents upon entry into the unit, and when incidents occur that prompt a reminder of the PREA standards, such as residents using harassing language toward one another. Residents also receive a Student Handbook at intake. The handbook has a section devoted to PREA orientation that includes ways to report, and resources for assistance if the resident wants to utilize the resource. The facility used signage in the pods and other common areas throughout the facility to inform residents of their rights to be free from sexual abuse and harassment. This signage includes the hotline number for Crisis Services 24 hour access. Other resources available included a pamphlet for Crisis Services of North Alabama, the DYS Pamphlet entitled What You Should Know about Sexual Abuse and Assault, and the Sexual Assault Orientation Handbook. The Detention Director submitted a Memo of Translation for staff review. In the memo it indicated that if a resident needed special translation of any program information, staff are to notify immediately of this need. Several translation providers are available to the facility within the community to support timely translation of needed information. The facility has also taken care to hire staff that speak a second language that is most often spoken by residents and their families who are non-English speaking. Resident interviews supported that all residents received the acknowledgement form and had basic knowledge of their PREA rights. However, it was noted that the female residents seemed to be extremely well-versed in the PREA language, and staff appeared to use extra precautions when working with the female residents. Education was provided to staff during the random interviews, and during the exit meeting with the agency leaders of the statistics of male incidents of sexual abuse and harassment in confinement facilities, and the under-reporting due to the misconception of males not being at risk for victimization.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.334</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * MOU with Madison County Sheriff's Department * Resident Grievance Forms * Investigation Files * Personnel Annual Training Logs <p>Interviews:</p> <ul style="list-style-type: none"> * Chief Probation Officer * Director of Detention * PREA Coordinator * Higher Level Staff * Random Staff/Intake Staff * Medical Staff <p>Site Review Observations:</p> <ul style="list-style-type: none"> * Medical Department * Grievance Box outside of Cafeteria <p>Findings:</p> <p>(a) thru (c) The agency has a MOU with the Madison County Sheriff's Department for the investigation of administrative and criminal allegations of sexual abuse and harassment within the facility. The facility staff do not conduct administrative and criminal investigations.</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.335</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Policy 115.335: Specialized Training: Medical and Mental Health Care * Cooperative Agreement with Wellstone Mental Health Center * Medical annual training report * Contract personnel training records (mental health & health department) * Resident medical files <p>Interviews:</p> <ul style="list-style-type: none"> * Chief Probation Officer * PREA Coordinator * Medical Staff * Mental Health Authority <p>Site Review Observations:</p> <ul style="list-style-type: none"> * Medical department services * Office with computer access for telehealth mental health services <p>Findings:</p> <p>(a) thru (d) The agency policy practice indicates the following: "This agency does not employ a full or part time mental health care practitioner. This agency has entered into a cooperative agreement with Wellstone Mental Health Center for mental health issues. A licensed mental health counselor is appointed by the mental health services center to provide services to the NDCC residents. This facility does employ both full and part time medical nursing staff. These staff members are trained to detect and question residents regarding sexual abuse/sexual harassment. Nursing staff are also trained in the incident reporting process utilized by this facility. No NDCC medical staff will conduct forensic examinations. Training from Crisis Services occurs every two years outlining proper procedures to respond effectively and professionally to victims of sexual abuse and sexual harassment. Further yearly refresher training consists of sexual abuse videos, power point presentations, zero tolerance policy, and other materials and training resources as they become available. NDCC contracts physician services through the Madison County Health Department. The doctor is at the facility on a weekly basis and is also available on call. All licenses for medical staff are current and active." The facility training records support that the medical staff receive the required PREA certification training that other staff receive to be employed by the facility. Other training resources were offered to the nurse for specialized training including links to the PRC website's training and resources tab. The providers through cooperative agreements had copies of the PREA Zero Tolerance acknowledgement form in their training records. The facility had a current cooperative agreement on file with Wellstone Mental Health Center, and "piggy backs" off the Madison County Jail system for services with the Madison County Health Department who provides a doctor for the facility on a weekly basis.</p>



115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.341</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Policy 115.341: Obtaining Information from Residents * Model Risk Assessment Instrument * Initial Health Screening * Pre-admission Intake Form * Social History Report * Resident files/medical files * Pod log books * Staff Alert Forms <p>Interviews:</p> <ul style="list-style-type: none"> * Chief Probation Officer * Director of Detention * PREA Coordinator * Medical Staff * Random Staff/Intake Staff * Random Residents <p>Site Review Observations:</p> <ul style="list-style-type: none"> * Intake process and orientation <p>Findings:</p> <p>(a) The agency policy practice indicates the following: "Upon admission to the detention area, an initial health screening will be completed designating the following information:</p> <ul style="list-style-type: none"> • Current or past history of physical or sexual abuse • Any gender nonconforming appearance or manner or identification such as lesbian, gay, bisexual, transgender, or intersex • Resident's own perception of vulnerability • Any other information that may indicate heightened need for supervision, additional safety precautions, or separation from other residents. <p>Staff alert sheets are utilized by staff to notify other personnel as to the status of a resident. This alert sheet can utilized for medical updates, potential for sexual promiscuity, etc. All information shall remain confidential and only shared with designated staff." Review of the residents' detention file, probation file, and medical file indicate that the screening questions are ascertained, and the information gathered is used to monitor placement within the facility. The following screening instruments are used within the agency to obtain pertinent information: Model Risk Assessment Instrument, Initial Health Screening, NDCC Preadmission Intake Form, and the Juvenile Probation Social History.</p> <p>(b) and (d) The intake staff interviews indicate that residents are verbally asked the screening</p>

questions during the initial intake process prior to resident searches and placement into population, and the individual needs of the resident are taken into consideration. Onsite observation of the intake process also supported this finding. Intake personnel are available 24 hours a day to receive residents, and initial screening is completed prior to placement in general population. All other screenings are obtained typically within 24 hours, and do not exceed 72 hours per medical and intake staff interviews, as well as a review of the resident records and comparison of signature dates on the screenings to the resident admission date. If a resident reports concerns for safety, the Detention Director is notified. The residents are placed in pods that are gender specific. The residents are placed in individual cells within the pods to allow for further privacy and security. Staff are alerted through the Staff Alert Form of special monitoring needs of the residents, and this monitoring is documented in the pod log books. Resident screening information is locked in the resident file and is accessible to relevant personnel only. It was noted through resident record reviews and observation of the intake process while on site that anytime a resident left the facility for hospitalization, court, other passes and readmission, the intake forms were redone on the resident.

(c) Based on policy, and a review of the four different resident screening tools, residents are screened for the following factors: a. Prior sexual victimization or abusiveness; b. 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; c. Current charges and offense history; d. Age; e. Level of emotional and cognitive development; f. Physical size and stature; g. Mental illness or mental disabilities; h. Intellectual or developmental disabilities; i. Physical disabilities; j. The resident's own perception of vulnerability; and k. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.342</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Policy 115.342: Placement of residents in housing, bed, program, education, and work assignments * NDCC Policy 3.77: Living Conditions/Privileges of Residents On Room Restriction * NDCC Policy 3.70-3: Screening for Sexual Aggressive Behavior * Memo of Compliance to Standard 115.315 * Resident files/medical files * Pod log books * Staff Alert Forms <p>Interviews:</p> <ul style="list-style-type: none"> * Director of Detention * PREA Coordinator * Medical Staff * Random Staff/Intake Staff * Random Residents * Transgendered/Intersex/Gay/Lesbian/Bisexual Residents <p>Site Review Observations:</p> <ul style="list-style-type: none"> * Intake process and orientation * Pod layout, including sleep, shower and bathroom areas <p>Findings:</p> <p>(a) The facility policy practice indicates the following: "Madison county juvenile court staff, court records, medical information and/or law enforcement information will be used to identify residents with potential vulnerabilities or tendencies of acting out with sexual aggressive behavior within 24 hours of arrival at the facility. Upon notification that a resident has potential vulnerabilities or tendencies of acting out with sexually aggressive behavior, the facility staff will notify the Juvenile Court Liaison with the Mental Health Center. Detention staff will monitor and provide appropriate treatment as decided by the Juvenile Court Liaison. Such residents will be identified to staff on a need to know basis. The facility will provide an appropriate housing assignment on recommendations from the Juvenile Court Liaison. A special management plan may need to be developed." The facility uses information from the intake screening documentation to determine resident vulnerabilities and risk factors for potential victimization or perpetration of sexual abuse and harassment. Residents are placed in the eight cell pods based on gender, however resident preference is also considered when a resident may be at risk for sexual harassment or sexual assault. Within the pods, residents are provided single person cells which further decreases the potential for victimization or perpetration.</p> <p>(b) The facility policy practice indicates the following: "NDCC residents shall be housed on</p>

Pods which contain eight separate sleeping areas. Each pod will be designated male or female. No member of the opposite sex shall be housed in the same pod. Residents receive room restriction as a means to ensure safety, isolation is never used at this facility. Room restriction will not exceed 72 hours. If necessary, a resident may be placed in separate pod away from other residents. During this time the resident will receive education, exercise, medical and mental health visits if required, and all other programming offered to other residents." There were no incidents of isolation noted during the audit reporting period. It was observed through the on site facility tour and staff and resident interviews that the facility does not utilize isolation. The facility does use "room restriction" to assist in the provision of juvenile safety precautions. A resident placed on room restriction still participates in daily programming which includes meals, medical and mental health appointments, and educational activities. Restriction is usually limited to recreational and social activities such as TV and game time. If a resident needs to be fully separated from other residents, an empty pod that is not in use could be used to provide one-on-one supervision with supporting video monitoring.

(c) The facility policy practice indicates the following: "Lesbian, gay, bisexual, transgender or intersex residents shall not be placed in particular housing, bed, or other assignments based solely on identification status nor shall the facility consider lesbian, gay, bisexual, transgender or intersex an indicator of likelihood of being sexually active." Resident who identified as transgender/gay/lesbian/intersex interviews indicated that residents who disclose being LGBTI are not separated in pods nor regular programming activities. Bed assignments are not a factor as the facility is built for single cell occupancy within each pod. Also, LGBTI residents are not automatically noted on the risk alert form to be at risk for being sexually abusive.

(d) & (f) The Detention Director submitted a signed Memo of Compliance indicating the following: "NDCC will consider, on a case by case basis, housing for lesbian, gay, bisexual, transgender or intersex residents, based on resident's health and safety and if the placement would present management or security issues. Residents will not be assigned to particular housing, bed, or assignment based solely on sexual preference. A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration. All decision shall be clearly documented." There have been no documented intakes of transgender or intersex youth during this audit reporting period. Interviews with the Detention Director, PREA Coordinator and Intake Staff support the fact that the staff have been trained on scenarios where transgender or intersex youth may be admitted to the facility. The staff offered thoughtful responses of how they would manage the screening and housing assignment process. The Detention Director and PREA Coordinator would collaborate on placement needs within the scope of PREA standard compliance and maintaining the safety and security of the facility's residents.

(e) The facility is not a long term facility and the policy notes, "NDCC is not a long term housing facility with the average stay of 30 days."

(g) The eight person pods contain two enclosed private showers each. Through random/intake staff, random residents and residents who reported being transgender/gay/lesbian/intersex interviews, as well as observation while on site, it was noted that during shower time the residents are returned to their individual cells. A resident exits his/her cell fully clothed and takes personal items, including a change of clothes to the shower with him/her. The shower door is closed with no viewing access by staff or other residents. The resident does not exit the shower until he/she is fully clothed. The resident then returns to the cell before the next resident exits his/her cell to begin the showering process.

(h) & (i) The facility does not utilize isolation for residents.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.351</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Policy 115.351: Resident Reporting * NDCC Policy 3.70-4: Investigation of Sexual Assault * Student Informational Packets (SANE, PREA, and Crisis Services pamphlets) * Memo of Compliance Standard 115.351 (c)-1 * Resident Grievance Form * Staff Incident Reporting Form * Investigation files * Personnel training records <p>Interviews:</p> <ul style="list-style-type: none"> * Director of Detention * PREA Coordinator * Higher Level Staff * Random Staff * Random Residents <p>Site Review Observations:</p> <ul style="list-style-type: none"> * Grievance box placed outside of cafeteria * Posters on the walls throughout the facility with the Crisis Services Hotline Number <p>Findings:</p> <p>(a) The agency policy practice indicates the following: "Residents are provided with multiple ways to report sexual abuse and sexual harassment, privately and publicly. By using the incident reporting process, the information can be documented privately. Residents also can contact any detention employee at any time to report an occurrence. This information will be kept confidential and the resident shall have no fear of retaliation. Residents are also provided with grievance policy information on procedures to file grievances against staff or other residents. This information is kept confidential and resident shall have no fear of retaliation." A wooden locked grievance box was observed outside the cafeteria door for easy accessibility to staff and residents. Grievance forms were made available above the box. Interviews with staff and residents indicated that they were aware of the different ways they could report sexual abuse and harassment. Most interviewees stated they would be willing to verbally communicate the report to supervisory staff, and felt confident it would be handled respectfully and confidentiality. Residents and staff did not appear to fear retaliation. Residents were also aware that they could call their legal guardian and attorneys. Residents indicated that they were allowed phone calls each night, and they had privacy for the calls because the other residents were usually in the individual cells.</p> <p>(b) The facility has a MOU with Crisis Services of North Alabama. Crisis Services manages the 24 hour a day hotline number for sexual abuse and harassment needs. Residents have the</p>

hotline number readily available through pamphlets they receive at intake, and through signage that is posted in the pods and throughout the facility where other programming occurs. Crisis Services will assist with initial reporting requirements, victims services, and offers ongoing emotional support services through community resources. An MOU with WellStone Mental Health Center also supports ongoing mental health services for victims of sexual assault. Residents state that they could ask a staff for privacy and they would be taken to an administrative office to make the call. This facility does not house juvenile residents solely for civil immigration purposes.

(c) The agency policy practice further states: "Reports from residents shall be made verbally, in writing, and anonymously and from third parties. This information shall be documented and investigated. Staff is also given the opportunity to report incidents either privately, in writing, or to the local rape crisis center. Pamphlets regarding this center are located throughout the facility." Staff interviews indicate that staff understand their duty to report no matter how they receive the communication. When asked about the time frame for reporting an incident the staff stated "immediately". Staff also reported that incident documentation had to be completed prior to them leaving the shift.

(d) The facility uses a written grievance form for residents to report in writing. The grievance forms are dropped into a locked wooden grievance box that is housed outside of the cafeteria entrance. The box is checked daily by the PREA Coordinator. The PREA Coordinator states that immediately upon receiving a written grievance, even if the grievance is not signed, the report is investigated.

(e) Staff have access to the written grievance reports and can submit in writing a concern. Staff use an internal incident report form that is submitted to the supervisor for review. Staff also reported that they felt comfortable asking to speak in a private office with their supervisors if they wanted to make a private report. Staff shared they are trained on reporting procedures during new hire training, and annually thereafter. Review of personnel training records confirmed this training.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.352</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Policy 115.352: Exhaustion of Administrative Remedies * NDCC Policy 3.72: Resident Grievance Procedures * Student Handbook * Investigation Files <p>Interviews:</p> <ul style="list-style-type: none"> * Chief Probation Officer * Director of Detention * PREA Coordinator * Random Residents * Random Staff <p>Site Review Observations:</p> <ul style="list-style-type: none"> * Residents in possession of handbooks * Room Restriction <p>Findings:</p> <p>(a) The agency has developed a policy that addresses the administrative review process for sexual abuse and harassment reports. The supervisory staff that receive the reports will submit them to the Detention Director. The Detention Director will review the reports and those addressing sexual abuse and sexual harassment are referred to the Madison County Sheriff's Department for investigation.</p> <p>(b) The agency policy does not have set time limits for allegations of sexual abuse and sexual harassment. Residents may report at anytime. Residents are informed that if the staff member they are making the report on is currently supervising them, they do not have to try and address it on their own. Residents may report allegations of sexual abuse and harassment to any staff member. Resident interviews confirm this process, and residents reported they would wait for another shift to report, or would ask one of the supervisory staff to speak with them in private to report.</p> <p>(c) PREA Coordinator and superintendent interviews indicated that residents who reported staff allegations were kept confidential. Staff would not receive the report. The report would be investigated as identified previously in (a).</p> <p>(d) The agency's internal policy is to respond to a resident grievance within 24 hours of receipt by a detention supervisor. If the grievance results in an investigation by the Madison County Sheriff's Department, the resident is informed of this process, and receives regular communication. If an extension is required, the resident will receive communication of the extension, per policy, of up to 70 days. The Detention Director and Chief Probation Officer are involved in this level of decision making. There have been no reports made in this reporting period. Standard was verified through policy reviews and higher level staff interviews.</p>

(e) The agency policy practice indicates the following: "Any third party to include but not limited to family member, staff, attorneys, etc shall be permitted to assist the resident in filing requests for administrative remedies and the third parties shall be permitted to file such requests on behalf of the resident. If a third party other than parent or legal guardian files the grievance, this facility shall require as a condition of processing that the victim agrees to the request filed and also require the victim to personally pursue steps in the administrative remedy process. If the resident declines this request, the agency shall document this decision. Any parent or legal guardian shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of the juvenile. This filing shall not be conditioned upon the juvenile agreeing to have the request filed on their behalf." There were no third party reports made during this reporting period. PREA Coordinator and superintendent interviews confirmed that if a third party report was received, it would be investigated following the investigation procedures noted previously, even if the resident does not agree with the report.

(f) The agency policy practice indicates the following: "If the resident is of substantial risk of imminent sexual abuse, the agency shall provide whatever conditions are needed to keep the resident safe. This can include but are not limited to room restriction, separation from other residents, and 24 hour supervision. Any emergency grievance filed in this circumstance shall be reviewed and action taken within 48 hours and a final agency decision shall be completed within 5 days." There were no reported incidents of substantial risk of imminent sexual abuse during this reporting period. Interviews with staff and residents did confirm this practice occurs with other incident types, such as fighting.

(g) The agency policy practice indicates the following: "This agency shall discipline a resident for filing a bad faith grievance. This discipline shall consist of room restriction and loss of privileges." There were no reported bad faith grievances during this reporting period. Interviews with staff and residents did confirm this practice occurs with other incident types. Observation of room restriction while onsite demonstrated that residents on restriction still participated in regular facility programming. Restrictions were usually implemented for privilege type activities such as TV and game time.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.353</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Policy 115.353: Resident access to outside confidential support services and legal representation * NDCC Policy 3.66: Communications with legal counsel * MOU Crisis Services of North Alabama * Contract with WellStone Mental health Center * Student Handbook (NDCC Guide to Preventing and Reporting Sexual Misconduct) * Resident files with copies of follow-up notes with outside providers <p>Interviews:</p> <ul style="list-style-type: none"> * Chief Probation Officer * Director of Detention * PREA Coordinator * Crisis Services Director * Random Staff * Random Residents * Residents Who Reported Sexual Abuse <p>Site Review Observations:</p> <ul style="list-style-type: none"> * Phones in pods and logged phone calls in the pod log books * Posters on the walls throughout the facility with the Crisis Services Hotline Number <p>Findings:</p> <p>(a) & (b) The agency policy practice indicates the following: "Residents shall have access to victim advocate services for emotional support. The contact information for these services is provided in pamphlets located throughout the facility. Residents shall have unlimited phone access to these services. Residents will be notified that only calls to these agencies have unlimited access and staff shall ensure that the agency is in fact being called. Phone calls are confidential but residents are supervised when making calls. Supervision includes the staff dialing the number and then stepping away, but maintaining line of sight supervision of the resident while the call is conducted. If a one on one meeting is requested by the support agencies, meetings times and places will be scheduled. Visitors to residents will sign visitation log secured in master control whenever entry to the facility is required. This facility ensures and facilitates resident access to counselor and assists residents in making confidential contact with attorneys and their authorized representatives. Such contact includes but is not limited to telephone communications, uncensored correspondence and visits. Visitation with parents and legal guardians occurs twice weekly, Monday evenings and Saturday mornings. In the event of extenuating circumstances, additional visitation shall be scheduled." Residents</p>

receive information packets at intake that include pamphlets for Crisis Services of North Alabama and the DYS What You Should Know about Sexual Abuse and Assault. The facility has signage posted in all pods and in the main areas of programming for residents that inform them of their rights to be free from sexual abuse and harassment, with a hotline number. The resident interviews supported that if they wanted to make a private call to the hotline number they could ask the supervising staff and would be allowed to make the call in private. The staff interviews indicated that the residents could ask for a private call and they would place the residents in their individual cells in the pods so the resident could make the private call, or they would call a supervisor to come take the resident to an office to make the private call. The phone calls in this facility are not recorded or otherwise monitored. The staff member will dial the phone number for the resident and supervise the resident making the call.

(c) The agency has a MOU with Crisis Services of North Alabama. Crisis Services provides the 24 hour hotline service, as well as other victim advocate services, such as the SANE examinations. Crisis Services was contacted and verified the current contract with the facility and the services they provide. Residents receive pamphlets at intake for the crisis center which includes the address and phone number for confidential communications. Crisis Services will assist with initial reporting requirements, victims services, and offers ongoing emotional support services through community resources. An MOU with WellStone Mental Health Center also supports ongoing mental health services for victims of sexual assault.

(d) Residents are allowed access to attorneys as requested, and through regular contact for ongoing legal issues. Residents can send confidential mail to their attorney. Residents may have visits and phone calls with their attorneys. Resident interviews verified that these interactions with the attorney are confidential and unmonitored. Residents have visitation opportunities on Monday and Saturday. Residents can call legal guardians daily during the evening's free time period. Policy indicates that residents can have additional visitation with legal guardians upon request for "extenuating circumstances". Resident interviews confirmed that if they needed to call or visit with legal guardians they could ask staff and arrangements would be made.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.354</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Policy 115.354: Third Party Reporting * Student Handbook (NDCC Guide to Preventing and Reporting Sexual Misconduct) * Investigation files with staff incident reports of resident reporting their concerns to them * Agency website <p>Interviews:</p> <ul style="list-style-type: none"> * Chief Probation Officer * Director of Detention * PREA Coordinator * Random Staff * Random Residents * Residents Who Reported Sexual Abuse <p>Site Review Observations:</p> <ul style="list-style-type: none"> * Phones in pods and logged phone calls in the pod log books * Posters on the walls throughout the facility with the Crisis Services Hotline Number <p>Findings:</p> <p>(a) The agency policy practice indicates the following: "This facility will receive and process all third party reports of sexual abuse and sexual harassment. How to report these incidents shall be explained to the resident upon admission to the facility. Additionally, informational pamphlets are located throughout the detention area." The resident handbook and supporting pamphlets indicate ways to report sexual abuse and harassment. This information is shared with the legal guardians during visitation. The lobby and visitation area has the signage with the sexual abuse hotline number. The agency website also has the Zero Tolerance Policy posted and contact information the Chief Probation Officer and the Detention Director. Interviews with the Agency Head and Superintendent indicate that all calls and correspondence received are processed in the same format previously noted for all reports of sexual abuse and harassment.</p>

115.361 Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.361

The following evidence was analyzed in making the compliance determination:

Documents:

- * NDCC Policy 115.361: Staff and agency reporting duties
- * NDCC Mandatory Reporting Policy
- * Investigation files
- * Resident files with copies of mandatory reports
- * Personnel records with staff training on reporting
- * Resident grievance forms

Interviews:

- * Chief Probation Officer
- * Director of Detention
- * PREA Coordinator
- * Random Staff
- * Random Residents
- * Residents Who Reported Sexual Abuse

Site Review Observations:

- * NDCC Mandatory Reporting Policy posted in admin and intake
- * Intake process where a resident disclosed
- * Grievance box outside of the cafeteria

Findings:

(a) (b) & (e) The agency policy practice indicates the following: "All incident reports of sexual abuse or sexual harassment must be completed by the end of the shift period. This information must be completed and well documented. Any knowledge, suspicion, or information of sexual abuse or sexual harassment must be reported. Staff or resident shall have no fear of retaliation. This agency complies with all state and federal reporting laws of all incidents of child abuse. All information shall be kept confidential and only shared with investigative agencies. Medical and mental health workers shall also conform to federal and state laws regarding reporting incidents of child abuse. Staff are required to comply with the mandatory child abuse reporting laws in the state of Alabama. Staff are also required to report any knowledge, suspicion, or information they have regarding sexual abuse or sexual harassment that occurred in the facility. Staff may also utilize the grievance reporting process, the incident reporting process, or speaking with another staff to make such a report. There will be no retaliation for making the report. Upon receipt of any allegation of sexual abuse, the Director of Detention Dare Services and Chief Probation Officer shall forward this information to the appropriate investigative agency and to the resident's parents or legal guardian unless documentation proves that said parents or legal guardian should not be notified. If victim is under guardianship of child welfare system, the report shall be forwarded to child's case worker. If child is under court jurisdiction, the information shall be reported to child's attorney

and appoint court appointed advocate within 14 days of the allegation. Any staff negligence which may have led to the incident will be reported and documented. All reports of sexual abuse and sexual harassment including third party and anonymous reports shall be forwarded to designated investigative authorities." Random staff interviews support that staff are trained on the mandatory reporting laws and reporting procedures. Staff are knowledgeable of all the forms of reporting within the facility, including grievance forms, incident report forms, and verbally informing a supervisor. Resident file reviews indicate that staff regularly report when residents disclose prior victimization. A review of staff training records indicate annual training on incident reporting and PREA policies. Staff report feeling comfortable with the reporting procedures, and do not fear retaliation.

(c) The staff are trained on the policy related to the confidentiality of resident reports. A review of resident records indicates that consent forms are utilized to share information with legal guardians and other pertinent parties. Staff interviews support that staff disclose information to supervisors only, and use the incident reporting form to document all allegations of sexual abuse and harassment. Random staff, random residents, and a resident who reported sexual abuse interviews support the steps the facility takes to maintain the privacy of resident reports, including taking the resident to a private office, staff going to a supervisor's office to report, or the use of the locked grievance box for private reporting.

(d) Staff interviews indicate that residents are informed at intake and when completing the medical screening form of the staff's obligation for mandatory reporting. Resident interviews support that staff disclose mandatory reporting duties to them at intake. Resident interviews of those who reported prior victimization indicate that the resident was aware that staff had to report, and that is why the information was disclosed, because the prior victimization had not previously been reported.

(f) Staff interviews, resident interviews, and a review of records indicate that third party reporting is allowed and noted within the facility through signage and on the facility website, including the contact information. Staff interviews confirmed that they often receive written complaints on the grievance form without a resident name on it, and that these issues are investigated the same as any other report.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.362</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Policy 115.362: Agency protection duties * Personnel records with staff training * Resident grievance forms <p>Interviews:</p> <ul style="list-style-type: none"> * Chief Probation Officer * Director of Detention * PREA Coordinator * Higher Level Staff * Random Staff <p>Site Review Observations:</p> <ul style="list-style-type: none"> * Resident placement in cells during a room restriction period * Grievance box outside of the cafeteria <p>Findings:</p> <p>(a) The agency policy practice indicates the following: "When this agency learns that a resident is subject to substantial risk of imminent sexual abuse, appropriate action will be taken. This action will consist of, but not limited to, room restriction, change of pod assignment, 24 hour monitoring." There have been no reported incidents of residents being at substantial risk for sexual abuse. Resident and staff interviews did support that when a safety risk arises, the residents are returned to their cells for monitoring and safety precautions. When staff explained their first responder duties, they were knowledgeable of how to separate resident victims from perpetrators. Training records also support that staff are trained annually on first responder duties for sexual abuse and harassment allegations.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.363</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Policy 115.363: Reporting to other confinement agencies * NDCC Mandatory Reporting Policy <p>Interviews:</p> <ul style="list-style-type: none"> * Chief Probation Officer * Director of Detention * PREA Coordinator <p>Findings:</p> <p>(a) thru (d) The agency policy practice indicates the following: "Allegations of sexual abuse or sexual harassment which occurred at another agency shall be documented and reported to the Director of Detention Care Services and the Chief Probation Officer. The information and documentation will be reported and shared with the other agency as soon as possible but no later than 72 hours." The facility had no allegations of abuse from other facilities for this reporting period. Interviews with the PREA Coordinator, Detention Director, and Chief Probation Officer indicate that if an allegation were received, the allegation would be reported to the other facility's agency head by phone. Then a mandatory report would be completed per mandatory reporting procedures indicated in previous standards.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.364</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Policy 115.364: Staff first responder duties * First Responder Checklist * Personnel records with staff training <p>Interviews:</p> <ul style="list-style-type: none"> * Director of Detention * PREA Coordinator * Higher Level Staff * Random Staff * Contractors/volunteers <p>Site Review Observations:</p> <ul style="list-style-type: none"> * Staff training pod and on-boarding process for new hires <p>Findings:</p> <p>(a) & (b) The agency policy practice indicates the following: "Upon learning of sexual abuse allegation, first staff member to respond shall:</p> <ul style="list-style-type: none"> • Separate victim and abuser • Preserve and protect crime scene • Preserve physical evidence such as clothing, bedding, etc • Prevent victim from showering, brushing teeth, changing cloths, urinating, defecating, smoking, drinking or eating • Notify Director of Detention Care Services and Chief Probation Officer <p>The crime scene shall be preserved until the arrival of Madison County Sheriff Department." There were no reported incidents of sexual assault in the facility during this reporting period. Ransom Staff interviews indicate that staff are trained on the first responder duties and a First Responder Checklist is provided during training. Random staff report that the PREA Coordinator provides almost monthly PREA refreshers that include scenarios, worksheets, and information sheets to assist in implementing the staff prevention, detection, and response protocols. Random staff were knowledgeable of the first responder protocol and could verbalize the steps with ease. Two new detention supervising staff that had been on the job less than a month were able to knowledgeably communicate the first responder duties, and expressed that the PREA training was thorough and highly validated by supervisory staff. Interviews with contractors and volunteers support that they are aware of how to respond in case of a PREA event. A review of training records supports that all levels of staff are trained annually on the PREA prevention, detection, and response protocols.</p>

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.365</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Policy 115.365: Coordinated Response * NDCC Zero Tolerance Policy * NDCC Mandatory Reporting Policy <p>Interviews:</p> <ul style="list-style-type: none"> * Chief Probation Officer * Director of Detention * PREA Coordinator * Random Staff <p>Findings:</p> <p>(a) The facility policy for this standard indicates the following coordinated response efforts: "Allegations of sexual abuse and sexual harassment shall be made to appropriate detention staff. The incident/grievance shall be completed and forwarded to the Director of Detention Care Services and Chief Probation Officer. If investigation is warranted, the Madison County Sheriff Department will be notified. If medical services are required, an ambulance or transportation to the hospital will be immediately arranged. Any directions from Madison County Sheriff Department will be adhered to during the investigative process. If resident requires mental health services or victim advocate services, representatives of this agency will be contacted and made available to the resident." Staff are trained on this response protocol along with additional training using the First Responder Checklist, the Sexual Assault Handbook, and the Zero Tolerance Policy. Staff interviews support that they are trained and knowledgeable of the coordinated response protocols, including calling for assistance on the hand held radios, securing the scene, and immediately notifying site supervisors of the sexual abuse incident.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.366</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Interviews:</p> <p>* Chief Probation Officer</p> <p>Findings:</p> <p>(a) An interview with the Chief Probation Officer indicates that this agency does not enter into collective bargaining agreements with other agencies.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.367</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Policy 115.367: Agency protection against retaliation * Pod logbooks where resident monitoring is noted * Other incident reports that involved resident monitoring <p>Interviews:</p> <ul style="list-style-type: none"> * Chief Probation Officer * Director of Detention * Higher Level Staff * Random Staff * Random Residents <p>Site Review Observations:</p> <ul style="list-style-type: none"> * Resident monitoring for other reported incidents * Grievance box outside of the cafeteria <p>Findings:</p> <p>(a) thru (e) The agency policy practice for this standard indicates the following: "Allegations of sexual abuse or sexual harassment shall have no fear of retaliation from staff or other residents. This facility will enforce all manner of protection for the victim including but not limited to, no contact with abuser, reassignment of pod assignment if necessary, room restriction as a means of ensuring safety, and 24 hour monitoring of both victim and attacker to enforce no contact. Staff who report an incident of sexual abuse or sexual harassment will also be monitored to ensure he/she experiences no retaliation. Staff member will also be given the option to change shift if they fear retaliation. Upper level management will be responsible for monitoring for retaliation. If any signs of retaliation occur, staff will be reprimanded and/or placed on leave. Resident retaliation will not be tolerated and resident will face possible penalties of room restriction, pod reassignment, loss of privileges, etc. For a period of 90 days after a report of sexual abuse, this agency shall monitor the conduct of staff or resident who reported sexual abuse and of staff and residents who suffered sexual abuse to ensure safety of victim and ensure there is no retaliation. This will include but not limited to no contact with abuser, reassignment of pod assignment if necessary, room restriction as a means of ensuring safety, and 24 hour monitoring of both victim and attacker to enforce no contact. These steps will also pertain to those who cooperate with the investigation." There have been no reports of sexual abuse or harassment during this reporting period. Random staff and random resident interviews do indicate that staff and residents are informed of their right to report without fear of retaliation. Residents indicated that they felt comfortable talking to different staff members when things were not going well in the pods. They reported that they would ask to speak to the staff in private and usually the grievance was handled with no issues. Staff also reported that they felt comfortable speaking to their supervisors in private if</p>

they ever had a concern, and felt confident the issue would be handled in a respectful and confidential manner. The juvenile supervising staff are tasked with monitoring residents for retaliation and document the monitoring in the log book. Detention supervisors maintain unannounced rounds on each shift, and will also do random check ins with residents who may be at risk for retaliation. Residents are also provided with emotional support services through contracts with the local mental health provider.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.368</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Policy 115.368: Post allegation protective custody * Resident files <p>Interviews:</p> <ul style="list-style-type: none"> * Director of Detention * PREA Coordinator * Random Staff/Staff Who Monitor Residents in Isolation * Random Residents * Medical Staff <p>Site Review Observations:</p> <ul style="list-style-type: none"> * Room restriction process <p>Findings:</p> <p>(a) The agency policy practice indicates the following: "This facility does not utilize any form of segregation. Room restriction is used as a disciplinary action with a time limit of 72 hours." The facility is built to house residents in individual cells in a living unit called a pod. The facility does not use segregated housing. A resident may be placed on room restriction for a violation, however this restriction usually does not exceed a 24 hour period. Residents on restriction still participate in daily activities that include meal time, hygiene, and educational services. Restrictions are usually limited to recreational times. Residents on restriction are monitored through documented room checks in the log book. This was verified through random resident and random staff/staff who monitor the restricted resident interviews, and through visual observation of the facility, specifically a client who was on room restriction.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.371</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Policy 115.371: Criminal and administrative agency investigations * MOU with Madison County Sheriffs Department * Investigation files <p>Interviews:</p> <ul style="list-style-type: none"> * Chief Probation Officer/Investigative Staff * Director of Detention/Investigative Staff * PREA Coordinator * Higher Level Staff * Random Staff * Residents Who Reported Sexual Abuse <p>Findings:</p> <p>(a) The facility does not conduct administrative or criminal investigations for allegations of sexual abuse or harassment. This was confirmed through interviews with the Detention Director and the PREA Coordinator. Review of previous years' investigation reports support that the Madison County Sheriff's Department was called in to investigate allegations of sexual harassment.</p> <p>(b) The facility has a signed MOU with the Madison County Sheriff's Department that indicates the following: "Madison County Sheriff Office agrees to: ensure all investigators are trained in sexual abuse investigation and aware of PREA guidelines." Interviews with the Chief Probation Officer supports that the Madison County Sheriff's Department a a special sexual assault investigator. A call to the sheriff's department confirmed the current MOU and identified the special investigator.</p> <p>(c) The facility policy practice indicates the following: "Criminal Investigations: This agency shall utilize the services of the Madison County Sheriff Department to conduct all criminal investigations including all allegations of sexual abuse. NDCC shall not conduct criminal investigations. All investigational matters such as the collection of evidence, etc, shall be done by the Madison County Sheriff Department. No allegation shall be terminated unless Madison County Sheriff determines no sexual abuse occurred. Prosecution will occur pending outcome of the investigation. A written report containing investigation findings shall be kept on file as law requires." An interview with the Chief Probation Officer confirmed that the Madison County Special Investigator is trained to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, and will interview alleged victims, suspected perpetrators, and witnesses and will review prior complaints and reports of sexual abuse involving the suspected perpetrator. A review of previous years' investigation files support that the facility provides the investigator with access to the victim and perpetrator, as well as copies of the incident reports.</p> <p>(d) The Detention Director, PREA Coordinator, and Higher Level Staff Interviews support that</p>

investigations follow through to completion, even if the resident recants the allegation. Investigative staff are knowledgeable of and can verbalize reasons a resident might recant, such as the power differential of residents and staff and the perceived threat of retaliation.

(e) The agency has a MOU with the Madison County Sheriff's Department who conducts all interviews for administrative and criminal investigations.

(f) Random and specialized staff interviews of higher level staff and the Detention Director indicate that all allegations of sexual abuse and harassment are deemed credible and are referred to the Madison County Sheriff's Department for further investigation.

(g) The agency policy practice indicates the following: "Administrative Investigations: Investigations shall occur to determine if staff actions or failure to act contributed to the abuse and all investigations shall be thoroughly documented. All written reports shall be retained 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." A review of previous years' investigation files to support the investigator's examination of the staff's actions in the harassment allegation. The findings were thoroughly documented and determined to be unsubstantiated.

(h) There were no documented criminal investigations during the audit reporting period. An interview with the Chief Probation Officer does support that the investigators follow the evidence collection and documentation protocol.

(i) The agency policy practice indicates the following: "Substantiated allegations of criminal conduct may be referred for prosecution. Disciplinary measures are outlined by the Madison County Personnel Department. If staff is found negligent of sexual abuse or sexual harassment, the Director of Detention Care Services, the Chief Probation Officer, and the Madison County Personnel Department may determine the disciplinary action for said individual." While no incidents of criminal conduct for sexual abuse or harassment were noted, the Detention Director did share examples of discipline for other facility violations that resulted in termination by the Madison County Personnel Department that are consistent with this standard's compliance expectations.

(j) The agency policy practice indicates the following: "All written reports shall be retained 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." Through and interview with the PREA Coordinator and Detention Director, as well as a review of investigation and personnel records, it was noted that records are retained on all current staff, and the previously employed staff records are maintained by the Madison County Personnel Department.

(k) An interview with the Detention Director and the PREA Coordinator supports that once an investigation begins, it is investigated until a determination can be made. If the resident has discharged from the facility the communication of the findings is completed through a documented phone and/or written contact.

(m) The agency policy practice indicates the following: "Staff and residents will fully cooperate with Madison County Sheriff Department during their investigation." A review of previous years' investigation files support that the facility provides the investigator with access to the victim and perpetrator, as well as copies of the incident reports.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.372</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Policy 115.372: Evidentiary standard for administrative investigations * Investigation files <p>Interviews:</p> <ul style="list-style-type: none"> * Chief Probation Officer/Investigative Staff * Director of Detention/Investigative Staff <p>Findings:</p> <p>(a) The agency policy practice indicates the following: "This facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Following an allegation, all incident reports and grievances of this nature are forwarded to the Director of Detention Care Services and the Chief Probation Officer." Interviews with the Chief Probation Officer and the Detention Director support the preponderance of the evidence standard when determining if the allegations of sexual harassment, investigated by the sheriff's investigator, are substantiated.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.373</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Policy 115.373: Reporting to residents * Investigation files * Incident reports <p>Interviews:</p> <ul style="list-style-type: none"> * Chief Probation Officer/Investigative Staff * Director of Detention/Investigative Staff <p>Findings:</p> <p>(a) The agency policy practice indicates the following: "This facility shall inform the resident of the investigation's progress, whether the charges have been determined to be substantiated, unsubstantiated, or unfounded as soon as the report is received from the Madison County Sheriff Department or completed by this agency's investigative staff." Interviews with the Chief Probation Officer and Detention Director support that residents are kept in the loop of ongoing investigations. If the resident is still in the facility at the conclusion of the investigation, the investigative findings are verbally communicated to them.</p> <p>(b) The agency's MOU with Madison County Sheriff's Department indicates the following: "Madison County Sheriff Office agrees to: Conduct all investigations, complete reports in timely manner. Report all findings to the Chief Probation Officer of NDCC." An interview with the Chief Probation Officer supports that he obtains written reports from the investigator at the conclusion of all administrative and criminal investigations. A review of previous year's investigation files include a copy of the investigator's findings report.</p> <p>(c) The agency policy practice indicates the following: "If the allegation involves a staff member, this agency shall notify the resident:</p> <ul style="list-style-type: none"> • If the staff member is no longer assigned to the pod • If the staff member is no longer employed at this facility • If the staff member has been indicted on a charge related to sexual abuse within the facility • If the staff member has been convicted on a charge related to sexual abuse within the facility" <p>The Detention Director interview supports that residents are notified of the status of the staff an allegation was reported on. Although no sexual abuse or harassment cases were noted, verbal examples of other administrative findings of staff inappropriate behavior were communicated to residents.</p> <p>(d) The agency policy practice indicates the following: "If the allegation involves another resident, the agency shall notify the victim:</p> <ul style="list-style-type: none"> • If the alleged abuser has been indicted on a charge related to sexual abuse within the facility • If the alleged abuser has been convicted on a charge related to sexual abuse within the facility" <p>There were no reported incidents of resident on resident allegations during this reporting period. The Detention Director interview supports that residents are notified of the status of the other resident an allegation was reported on.</p>

(e) The agency policy indicates the following: "All notifications to resident, staff, victim or abuser shall be documented." There were no documented reports nor allegations during this reporting period that had to be documented. A review of previous year's investigation records does support that the resident was notified.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.376</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Policy 115.376: Disciplinary sanctions for staff * NDCC Mandatory Reporting Policy * Investigation files * Personnel records with staff discipline for other incidents <p>Interviews:</p> <ul style="list-style-type: none"> * Director of Detention <p>Site Review Observations:</p> <ul style="list-style-type: none"> * NDCC Mandatory Reporting Policy posted in admin and intake <p>Findings:</p> <p>(a) thru (d) The agency policy practice indicates the following: "The NDCC's employees are hired through the Madison County Commission. The disciplinary actions and procedures for conduct and work rules are as follows but are not limited to: The following are examples of conduct or work performance that may result in disciplinary action, up to and including termination of employment:</p> <ul style="list-style-type: none"> • Disorderly conduct, immoral or indecent behavior during work hours • Use of abusive language and/or profanity while on duty • Arrest or conviction of a crime • Violation of Sexual Harassment policy" An interview with the Detention Director supported that staff would be disciplined up to termination for violations of sexual abuse and harassment. The agency policy practice further indicates: "All terminations for violations of NDCC's sexual abuse or sexual harassment policy or resignations by staff that would have been terminated if not for their resignation shall be reported to law enforcement agencies unless the activity was not of a criminal nature and to any relevant licensing bodies." The Detention Director supported that a staff who engages in sexual abuse would not only be terminated, but would be reported to the department of human resources and criminal investigators for prosecution.

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.377</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Policy 115.377: Corrective action for contractors and volunteers * NDCC Mandatory Reporting Policy * Investigation files <p>Interviews:</p> <ul style="list-style-type: none"> * Director of Detention <p>Site Review Observations:</p> <ul style="list-style-type: none"> * NDCC Mandatory Reporting Policy posted in admin and intake <p>Findings:</p> <p>(a) & (b) The agency policy practice indicates the following: "Volunteers and contractors utilized by this facility undergo strict back ground checks before entering the detention area. Any volunteer or contractor who engages in sexual abuse and sexual harassment shall be prohibited from contact with residents and shall be reported to law enforcement agencies. Any and all allegations will be cause for dismissal from the volunteer/contractor program." An interview with the Detention Director supports that even if PREA red flags were identified with a volunteer, that volunteer's services would not longer be utilized. He also noted the contract staff's employer would be contacted and that staff would not be allowed to return to the facility. All allegations of sexual abuse and harassment by a volunteer and contractor would be followed up with a mandatory report and referral for criminal or administrative investigation.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.378</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Policy 115.378: Interventions and disciplinary sanctions for residents * Investigation files * Resident files * Resident handbook <p>Interviews:</p> <ul style="list-style-type: none"> * Chief Probation Officer * Director of Detention * PREA Coordinator * Medical Staff * Random Staff * Random Resident <p>Site Review Observations:</p> <ul style="list-style-type: none"> * Residents had copies of handbook in their possession * Room restriction process <p>Findings:</p> <p>(a) The agency policy practice indicates the following: "Any resident accused of sexual abuse or sexual harassment will become part of the investigative process conducted by the Madison County Sheriff Department. If enough evidence is found to substantiate the charges, the resident will be charged with appropriate legal charges. The resident will have access to an attorney and will appear in court on these charges. If the charges do not warrant legal action, this agency will sanction the resident by one of, but not limited to, the following disciplinary actions: room restriction, loss of privileges, reassignment of pod. Isolation is not sanctioned by this facility. Resident will have access to educational services, medical and mental health services, along with attorney privileges during room restriction. Sexual activity between residents is strictly prohibited whether consensual or not." There were no findings of substantiated sexual abuse or harassment by a resident toward another resident during this reporting period. A review of previous investigation files showed that residents were disciplined for using inappropriate language toward other residents that included room restriction and a loss of privileges. Resident handbooks outline this process for discipline.</p> <p>(b) The facility does not use isolation. Random staff and random resident interviews, and on site observation did indicate that room restriction and a loss of privileges is a normal response to rule violations within the facility. Room restriction does not limit participation in meal time, medical and mental health appointments, or educational services.</p> <p>(c) The Detention Director interview supported that resident discipline was determined on a case by case basis, and that mental disabilities and mental illness would be a factor in determining the proper response for discipline.</p>

(d) A review of resident files, and the interview with the Chief Probation Officer supports that the facility offers individualized services to assist residents in managing difficult behaviors. A mental health provider is contracted to provide services to residents dealing with mental health and emotional issues. Other special programming such as decision making and anger management skills training are also offered. Samples of resident worksheet completion for these curriculums were observed in the resident files.

(f) Interviews with Higher Level Staff, the PREA Coordinator, and the Detention Director support that if a resident makes a good faith report, and it is unsubstantiated, that resident would not receive discipline for the report.

(g) The facility policy practice indicates the following: "Sexual activity between residents is strictly prohibited whether consensual or not." Residents sleep in single cell units which limits access of residents to each other for consensual sexual activity. If such activity does occur, it will be investigated the same as any other report of sexual abuse or harassment. The Detention Director indicated that if sexual abuse was unsubstantiated, discipline for facility rule violations could still occur.

115.381	Medical and mental health screenings; history of sexual abuse
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>115.381</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Policy 115.381: Medical and mental health screenings; history of sexual abuse * Contract with WellStone Mental Health Center * Contract with the Health Department * Resident Intake Packets with initial screening questionnaire, mandatory reports to DHR, and Consent for Release of Information * Resident medical files with Initial Health Screening forms and referrals * NDCC Mandatory Reporting Policy * Pod log books with documented monitoring for risk factors <p>Interviews:</p> <ul style="list-style-type: none"> * PREA Coordinator * Medical Staff * Higher Level Staff * Random Staff/Intake Staff * Random Residents * Residents Who Disclosed Prior Sexual Victimization <p>Site Review Observations:</p> <ul style="list-style-type: none"> * NDCC Mandatory Reporting Policy posted in admin and intake * Intake process where a resident disclosed * Medical file maintenance under lock and key <p>Findings:</p> <p>(a) & (b) The agency policy practice indicates the following: "Upon intake, the resident shall complete a medical history to determine prior history of sexual abuse. Resident will be offered follow up mental health services within 14 days of admission. If any resident reports being perpetrator of sexual abuse in an institutional setting or within the community, mental health services will be offered within 14 days of admission. All information pertaining to these instances which occurred in an institutional setting shall be kept confidential and shared with medical and mental health practitioners and other staff as necessary. This information can be used to determine housing assignments, educational programming, as required by Federal, State and local law. This facility does not house residents over the age of 18." Pre-audit questionnaire indicated that 100 residents disclosed sexual victimization prior to entering the facility. Residents are asked about prior history of victimization during the intake screening and in the follow-up medical screening. A resident who reported prior victimization interview supported that the intake screening captures this information. The resident stated that upon her disclosure she was offered further mental health services, and that her case was reported using the mandatory reporting protocol. She also reported that she had participated in meetings with mental health and medical professionals since her disclosure. Random/intake</p>	

staff interviews supported that all staff are mandatory reporters, and that when assisting in the intake process and prior victimization is reported, they immediately notify a supervisor and the mandatory reporting protocol is implemented. There were no residents in house that had reported perpetuating sexual abuse prior to admission. Policy does cover that perpetrators are also offered services. Medical staff interviews supported the eligibility of services to all residents who enter the facility.

(c) The resident screenings after intake are placed in a confidential resident file. The screenings are reviewed by detention supervisors and medical personnel and the risk factors are noted on a risk management form. If the risk history warrants extra supervision for residents then a 24 hour monitoring protocol is put into place for the resident, which is documented in the log book. The resident medical file with screeners are located in the medical office and contained in a locked filing cabinet.

(d) The agency utilizes a Release of Information/Records Consent form to obtain the consent of the residents and legal guardians to release confidential information. Samples of this signed form were noted in the resident records.

115.382 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.382

The following evidence was analyzed in making the compliance determination:

Documents:

- * NDCC Policy 115.382: Access to emergency medical and mental health services
- * Contract with WellStone Mental Health Center
- * Contract with the Health Department
- * MOU with Huntsville Hospital
- * MOU with Crisis Services of North Alabama
- * Resident Intake Packets with initial screening questionnaire, mandatory reports to DHR, and Consent for Release of Information
- * Resident medical files with Initial Health Screening forms and referrals
- * NDCC Mandatory Reporting Policy

Interviews:

- * PREA Coordinator
- * Medical Staff
- * Random Staff/First Responders
- * Residents Who Disclosed Prior Sexual Victimization

Site Review Observations:

- * NDCC Mandatory Reporting Policy posted in admin and intake
- * Intake process where a resident disclosed

Findings:

(a) thru (d) The agency policy practice indicates the following: "Upon intake, the resident and family members complete a medical history to determine prior history of sexual abuse. If resident alleges sexual abuse while in detention, staff first responders will see that resident is provided with immediate medical attention as the situation warrants. These services will be provided to all residents alleging sexual abuse whether the perpetrator is named or if resident declines to participate in the investigation. All victims of sexual abuse will be transported to Huntsville Hospital by ambulance where they will have access to SANE personnel. SANE personnel will instruct the resident on options such as emergency contraception and sexually transmitted infections prophylaxis. This treatment will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with the investigation. Residents are also offered services through the Crisis Services Center of North Alabama. Pamphlets regarding this option are placed throughout the detention area and also in rules books residents receive upon admission. Information regarding crisis services and sexual abuse pamphlets are located throughout the facility." Medical staff interviews indicated that residents who report prior victimization are off medical services that include a referral for STI evaluations and pregnancy testing for female residents. Interviews with residents who reported prior victimization indicated that the resident was offered these services at the time of her disclosure, and she had met with the medical and mental health providers for follow-up.

The facility maintains MOUs with Huntsville Hospital and Crisis Services of North Alabama for the 24 hour/365 days access of sexual assault response services. Medical and mental health services are also offered through the local health department and WellStone for resident victims. These services are offered at no cost to the resident.

115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.383

The following evidence was analyzed in making the compliance determination:

Documents:

- * NDCC Policy 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers
- * Contract with WellStone Mental Health Center
- * Contract with the Health Department
- * MOU with Huntsville Hospital
- * MOU with Crisis Services of North Alabama
- * Resident Intake Packets with initial screening questionnaire and Consent for Release of Information
- * Resident medical files with Initial Health Screening forms and referrals

Interviews:

- * Director of Detention
- * PREA Coordinator
- * Medical Staff
- * Residents Who Disclosed Prior Sexual Victimization

Site Review Observations:

- * Intake process where a resident disclosed

Findings:

(a) thru (h) The agency policy practice indicates the following: "All residents of this facility are offered ongoing access to medical and mental health services including victims of sexual abuse and abusers. Medical and mental health personnel will recommend appropriate treatment programs, services, and follow up services for continued care following the resident's release or transfer. Female resident sexual abuse victims shall be offered pregnancy tests. If positive, the female resident will be offered information and timely access to all lawful pregnancy related medical services. All residents of sexual abuse shall be offered tests for sexually transmitted diseases as medically appropriate. Victims of sexual abuse while in the facility will be offered services regardless of financial cost and regardless of whether the victim names the abuser or cooperates with the investigation. Mental health evaluations will be required of all residents who sexually abuse another resident within 60 days of reporting the incident. Treatment options will be recommended by the mental health liaison." Medical staff interviews indicated that residents who report victimization while incarcerated are offered medical services that include a referral for STI evaluations and pregnancy testing for female residents. There were no reports noted of victimization in the facility during this reporting period. Interviews with residents who reported prior victimization indicated that the resident was offered these services at the time of her disclosure, and she had met with the medical and mental health providers for follow-up. The facility maintains MOUs with Huntsville Hospital and Crisis Services of North Alabama for the 24 hour/365 days access of sexual assault

response services. Medical and mental health services are also offered through the local health department and WellStone for resident victims. These services are offered at no cost to the resident. The policy does cover treatment services for residents who abuse other residents. Medical and administrative staff interviews support that a perpetrator would be referred for STI testing and a mental health evaluation if this occurred at the facility.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.386</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Policy 115.386: Sexual abuse incident reviews * Investigation files * Staff training records on reporting PREA red flag events <p>Interviews:</p> <ul style="list-style-type: none"> * Chief Probation Officer/Incident Review Team * Director of Detention/Incident Review Team * PREA Coordinator * Higher Level Staff <p>Findings:</p> <p>(a) thru (e) The facility policy practice indicates the following: "This facility utilizes an incident reporting process which will be conducted for all sexual abuse and sexual harassment allegations. This incident report shall be completed and documented within 12 hours of the alleged incident. A review of the incident report shall be completed by the end of the shift when incident occurred. A review of the incident shall be completed by the Director of Detention Care Services and the Chief Probation Officer immediately following submission of the incident report. If criminal allegations are found, the report shall be made to the Madison County Sheriff Department who will be responsible for conducting the investigation. The review team will include but not limited to, upper level management with input from staff, detention supervisors, investigators, and all medical or mental health professionals. This review team shall consider whether the incident warrants:</p> <ul style="list-style-type: none"> • a policy change to better prevent, detect and respond to sexual abuse • determine whether the incident was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification • gang affiliation • caused by other group dynamics within the facility • determine if area where incident occurred to assess whether area is unsafe and needs improvements • assess the adequacy of staffing levels in the area during different shifts • assess monitoring technology for the need for improvements <p>The review team shall prepare report/findings to include but not limited to all determinations made and a plan to implement changes or improvements noted. All findings shall be documented." There were no reportable events noted in the pre-audit process. A review of previous year incident reports, investigative findings and staff interviews with the Chief Probation Officer, Detention Director, PREA Coordinator, and Detention Supervisors support that each incident report is reviewed for findings. Personnel files support additional coaching and training that was provided related to sexual abuse and harassment prevention, detection, and responding, as well as PREA red flags when warranted. Previous incidents noted were</p>

allegations of sexual harassment and were deemed unfounded.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.387</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Policy 115.387: Data collection * Investigation files * Annual aggregated data report/SSVJ * Facility website <p>Interviews:</p> <ul style="list-style-type: none"> * Chief Probation Officer * Director of Detention * PREA Coordinator <p>Findings:</p> <p>(a) thru (f) The agency policy practice indicates the following: "This facility shall utilize the standard incident reporting process currently in place. This reporting process shall be used for all allegations of sexual abuse and sexual harassment. Definitions for this process will come from the standard set of definitions utilized by the PREA documentation. This agency shall gather reports from all areas involved in the investigations of all sexual abuse and sexual harassment incidents and review annually. This data shall meet requirement of the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. This facility does not contract for the confinement of its residents. Upon request, this facility shall provide such data from the previous calendar year to the Department of Justice no later than June 30." A review of prior years' incident report documentation indicates the facility uses the U.S. DOJ Form SSV-IJ Survey of Sexual Violence Reporting, Incident Form (Juvenile) for documenting allegation findings. The facility after consultation with the auditor, Chief Probation Officer, Director of Detention, and PREA Coordinator, completed an annual report and uploaded the allegations and findings since the last Audit Report to the facility website. This facility does not contract for the confinement of its residents.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.388</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Policy 115.386: Data review for corrective action * Facility website * Investigation files <p>Interviews:</p> <ul style="list-style-type: none"> * Chief Probation Officer * Director of Detention * PREA Coordinator <p>Findings:</p> <p>(a) thru (d) The facility policy practice indicates the following: "This facility shall review all data collected and aggregated to assess and improve effectiveness of the sexual abuse prevention, detection, and response policies, practices and training including:</p> <ul style="list-style-type: none"> • Identification of problem areas • Corrective action taken on an ongoing basis • Preparation of annual report of findings and corrective actions for the facility <p>This annual report shall include a comparison of current year's data and corrective actions against those from previous years and will provide an assessment of progress made in addressing sexual abuse. This report shall be prepared by the chief probation officer and made available to the public through website or other means. The facility may redact information when said information would present a clear and specific threat to the safety and security of the facility but must indicate the nature of the material redacted." During the pre-audit phase the annual aggregate data was not found on the facility website. Upon consultation with the PREA Coordinator, Detention Director, and Chief Probation Officer samples of annual reports were reviewed and the facility completed a report for the data collected in the three years since the last audit. This report was submitted, approved, and uploaded to the facility website for public review. The agency had no corrective findings, as all allegations were unfounded. No items in the annual report were redacted.</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.389</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * NDCC Policy 115.389: Data storage, publication, and destruction * Investigation files * Facility website <p>Interviews:</p> <ul style="list-style-type: none"> * PREA Coordinator <p>Site Review Observations:</p> <ul style="list-style-type: none"> * Locked filing cabinet in PREA Coordinator office with investigation files <p>Findings:</p> <p>(a) thru (d) The agency policy practice indicates the following: "This facility shall ensure that data collected pursuant to 115-387 are securely retained. All aggregated sexual abuse data will be readily available to the public at least annually through the website or through other means. Before making aggregated sexual abuse data public, this facility shall remove all personal identifiers. This facility shall maintain sexual abuse data collected pursuant to 115-387 for at least 10 years after the date of initial collection unless Federal, State, or local law requires otherwise." The facility has uploaded the annual data report to the facility website for public review. The annual report is a summary of the allegation types and findings. There is no client identifying information in the report. An interview with the PREA Coordinator supports that data is securely stored for at least 10 years. The PREA Coordinator has a locked filing cabinet in her office where she maintains paper copies of all the incident report data, including the SSVJ reports, since the implementation of the PREA standards in the facility.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> * Previous PREA audit report * Facility website <p>Interviews:</p> <ul style="list-style-type: none"> * Chief Probation Officer * Director of Detention * PREA Coordinator * Random Staff * Random Residents <p>Site Review Observations:</p> <ul style="list-style-type: none"> * PREA auditor communication signage * PREA audit report from previous audit * Facility mail procedures <p>Findings:</p> <p>(a) The agency is a single facility. The facility was audited during the initial audit cycle period. The Audit Report is available on the agency website for review. The agency was in compliance with all standards upon the completion of the audit.</p> <p>(b) The agency is a single facility. The facility contracted for a follow-up audit within the third year from the previous Audit Report.</p> <p>(h) The agency was very open and receptive to the audit process. The auditor was allowed to tour all areas of the facility with no restrictions. The auditor was able to monitor cameras and review personnel, training, investigation, medical and resident records with no limitations.</p> <p>(i) The agency allowed the auditor to make copies and photos of relevant documentation and facility signage when requested. The auditor was sensitive to the content of certain documentation and took hand written notes of relevant information to maintain the security of the records.</p> <p>(m) The agency provided a private area to interview staff and residents. There was visual monitoring through a glass window and video monitoring of the room, however there was no audio monitoring of the interviews. The staff and residents seemed at ease during the interviews and felt confident that their interviews would remain confidential.</p> <p>(n) The agency posted PREA audit notices at the entrance to all areas of facility, including the lobby of the facility. The resident pods had the notice posted for resident review. The address and procedure for confidential communication with the auditor was communicated on the notice. The PREA Coordinator verified the notices were posted for over six weeks prior to the on site portion of the audit (2/6/19). Random Resident and Random Staff interviews verified that the postings had been up "for awhile". The auditor did not receive any confidential communications during the audit process.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403 The following evidence was analyzed in making the compliance determination:</p> <p>Documents: * Previous PREA audit report * Facility website</p> <p>Interviews: * PREA Coordinator</p> <p>Findings: (f) Upon review of the agency's website, the previous Final Audit Report was published and accessible to public. The name of the report is listed and a click on the PDF icon will download the report for review.</p>

Appendix: Provision Findings

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

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

115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	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.)	na

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

115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes

	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na

115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	na
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes

115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes

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

115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

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

115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na

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?	
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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.)	na

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.)	na

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na

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

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

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

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

115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.)	na

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

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

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	<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).)	na

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).)	na
	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).)	na
	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).)	na
	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).)	na

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).)	na

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.)	yes

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?)	na
	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?)	na

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.	yes

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

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

115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

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

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

115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes

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

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

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

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

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

115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes

115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	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).)	na

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes

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

115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

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

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

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

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

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

115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes

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

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

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

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

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

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

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

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

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

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

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

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

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

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

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes

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

115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes

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

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

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

115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes

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

115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

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

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

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

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

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

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

115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

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

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

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

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

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

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

115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

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

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

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

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

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

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

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

115.388 (a) Data review for corrective action		
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

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

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

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

115.389 (a) Data storage, publication, and destruction		
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

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

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

115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes

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

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

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

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

115.403 (f)	Audit contents and findings	
	<p>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.)</p>	yes