

# 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: 02/27/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Kimberly Harden	Date of Signature: 02/27/2022

AUDITOR INFORMATION	
Auditor name:	Harden, Kim
Email:	k_harden@bridgeinc.org
Start Date of On-Site Audit:	01/10/2022
End Date of On-Site Audit:	01/12/2022

FACILITY INFORMATION	
Facility name:	Neaves-Davis Center For Children
Facility physical address:	817 Cook Avenue Northwest, Huntsville, Alabama - 35801
Facility Phone:	
Facility mailing address:	

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

Superintendent/Director/Administrator	
Name:	Chris Tucker
Email Address:	ctucker@madisoncountyal.gov
Telephone Number:	2565320332

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	48
Current population of facility:	4
Average daily population for the past 12 months:	5
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	10-18
Facility security levels/resident custody levels:	maximum
Number of staff currently employed at the facility who may have contact with residents:	26
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Madison County Juvenile Probation Office
Governing authority or parent agency (if applicable):	
Physical Address:	817 Cook Avenue Northwest, Huntsville, Alabama - 35801
Mailing Address:	
Telephone number:	

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

**Agency-Wide PREA Coordinator Information**

<b>Name:</b>	Lisa Wilcox	<b>Email Address:</b>	lwilcox@madisoncountyal.gov
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**SUMMARY OF AUDIT FINDINGS**

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

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

**Number of standards exceeded:**

1	<ul style="list-style-type: none"><li>• 115.313 - Supervision and monitoring</li></ul>
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**Number of standards met:**

42
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**Number of standards not met:**

0
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# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-01-10
2. End date of the onsite portion of the audit:	2022-01-12

### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	* Just Detention International * Madison County Department of Human Resources * Crisis Services of North Alabama

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	48
15. Average daily population for the past 12 months:	4
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	6
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	NDCC is a facility that serves both male and female juveniles. However, at the time of the onsite audit, there were no female detainees in the facility.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	27
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	NDCC provides 24 hour supervised detention services to juveniles. The facility runs 3 awake staff shifts. As a result of COVID restrictions implemented in 2020, NDCC does not allow volunteers from the community to come onsite and work with the detainees. The 2 contractors are the teachers who work for the county school system who come onsite to provide educational services.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	6
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
If "Other," describe:	At the time of the onsite audit, the facility housed only 5 detainees, with 1 additional detainee that was processed right before the arrival of the auditor. The auditor therefore interviewed all 6 detainees that were onsite during the audit.
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	At the time of the onsite audit, the facility housed only 5 detainees, with 1 additional detainee that was processed right before the arrival of the auditor. The auditor therefore interviewed all 6 detainees that were onsite during the audit.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:	At the time of the onsite audit, the facility housed only 5 detainees, with 1 additional detainee that was processed right before the arrival of the auditor. The auditor therefore interviewed all 6 detainees that were onsite during the audit.
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	At the time of the onsite audit, the facility housed only 5 detainees, with 1 additional detainee that was processed right before the arrival of the auditor. The auditor therefore interviewed all 6 detainees that were onsite during the audit. All detainees were male. There were no residents who reported a sexual abuse, nor residents who were gay, lesbian, transgender, intersex, or gender-nonconforming present to interview.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	6

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor interviewed the PREA Coordinator and a random sample of other Intake Staff. The auditor reviewed all 6 of the detainees' intake risk assessments and found no documentation to support this characteristic. The auditor interviewed all 6 detainees in the facility while onsite, and none of the detainees disclosed this characteristic as applying to them.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor interviewed the PREA Coordinator and a random sample of other Intake Staff. The auditor reviewed all 6 of the detainees' intake risk assessments and found no documentation to support this characteristic. The auditor interviewed all 6 detainees in the facility while onsite, and none of the detainees disclosed this characteristic as applying to them.</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed the PREA Coordinator and a random sample of other Intake Staff. The auditor reviewed all 6 of the detainees' intake risk assessments and found no documentation to support this characteristic. The auditor interviewed all 6 detainees in the facility while onsite, and none of the detainees disclosed this characteristic as applying to them.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed the PREA Coordinator and a random sample of other Intake Staff. The auditor reviewed all 6 of the detainees' intake risk assessments and found no documentation to support this characteristic. The auditor interviewed all 6 detainees in the facility while onsite, and none of the detainees disclosed this characteristic as applying to them.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed the PREA Coordinator and a random sample of other Intake Staff. The auditor reviewed all 6 of the detainees' intake risk assessments and found no documentation to support this characteristic. The auditor interviewed all 6 detainees in the facility while onsite, and none of the detainees disclosed this characteristic as applying to them.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor interviewed the PREA Coordinator and a random sample of other Intake Staff. The auditor reviewed all 6 of the detainees' intake risk assessments and found no documentation to support this characteristic. The auditor interviewed all 6 detainees in the facility while onsite, and none of the detainees disclosed this characteristic as applying to them.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor interviewed the PREA Coordinator and a random sample of other Intake Staff. The auditor reviewed all 6 of the detainees' intake risk assessments and found no documentation to support this characteristic. The auditor interviewed all 6 detainees in the facility while onsite, and none of the detainees disclosed this characteristic as applying to them.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor interviewed the PREA Coordinator and a random sample of other Intake Staff. The auditor reviewed all 6 of the detainees' intake risk assessments and found no documentation to support this characteristic. The auditor interviewed all 6 detainees in the facility while onsite, and none of the detainees disclosed this characteristic as applying to them.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed the PREA Coordinator and a random sample of other Intake Staff. The auditor reviewed all 6 of the detainees' intake risk assessments and found no documentation to support this characteristic. The auditor interviewed all 6 detainees in the facility while onsite, and none of the detainees disclosed this characteristic as applying to them.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed the PREA Coordinator and a random sample of other Intake Staff. The auditor reviewed all 6 of the detainees' intake risk assessments and found no documentation to support this characteristic. The auditor interviewed all 6 detainees in the facility while onsite, and none of the detainees disclosed this characteristic as applying to them.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>At the time of the onsite audit, the facility housed only 5 detainees, with 1 additional detainee that was processed right before the arrival of the auditor. The auditor therefore interviewed all 6 detainees that were onsite during the audit. All detainees were male. There were no residents who reported a sexual abuse, nor residents who were gay, lesbian, transgender, intersex, or gender-nonconforming present to interview. The auditor interviewed the PREA Coordinator and a random sample of other Intake Staff. The auditor reviewed all 6 of the detainees' intake risk assessments and found no documentation to support targeted resident populations. The auditor interviewed all 6 detainees in the facility while onsite, and none of the detainees disclosed targeted resident characteristics as applying to them.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>13</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Gender, language spoken</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The PREA Coordinator provided a list of active staff employed full and part-time by the facility as of the first day of the onsite audit. The auditor chose the first person on the list, and then every third person from there. There were 6 staff members off during the time of the audit. As a result, the auditor worked back through the list and chose additional staff based on the gender of the staff member, the role of the staff in the facility, and the shift the staff member worked in order to achieve the required number of random interviewees. During the interview portion of the audit it was disclosed a detention staff member was bilingual and assisted at times with translation services. This staff member was added to the interview list.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>12</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) </p>
<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p> <input checked="" type="checkbox"/> Agency contract administrator  <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment  <input checked="" type="checkbox"/> Line staff who supervise youthful inmates (if applicable)  <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)  <input checked="" type="checkbox"/> Medical staff  <input type="checkbox"/> Mental health staff  <input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches  <input checked="" type="checkbox"/> Administrative (human resources) staff  <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff  <input type="checkbox"/> Investigative staff responsible for conducting administrative investigations  <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations  <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness  <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation  <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team  <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation  <input checked="" type="checkbox"/> First responders, both security and non-security staff  <input checked="" type="checkbox"/> Intake staff  <input type="checkbox"/> Other </p>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p> <input type="radio"/> Yes  <input checked="" type="radio"/> No </p>

82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

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

85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

89. Provide any additional comments regarding the site review.	Upon arrival to the facility, the PREA Coordinator assisted the
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89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

Upon arrival to the facility, the PREA Coordinator assisted the auditor with a full tour of the facility. At the time of the onsite audit, only 1 pod/unit was being utilized to house 6 detainees. There were 6 pods designated with the letters A - F. F pod was the designated female pod. Pods A - B were used for housing 'serious offenders', C pod was primarily used for training staff, and D pod was used by staff to complete laundry duties. (Note: It was a staff duty to complete laundry. Detainees were not a part of this process.) During the walk thru the auditor noted that one of the pods was in the process of being painted and was not in use.

NDCC is a wing of the Madison County Juvenile Court building. Entry into the facility is granted from a main lobby after the administrative personnel contact Master Control to announce the visitor. The PREA Coordinator met the auditor in the lobby, and the two were 'buzzed' in by Master Control who monitored access to the facility through the video monitoring system or through calls from the intake department. The auditor was signed in and COVID temperature checks and screening questions were completed. There was a holding room beside Master Control that was utilized to hold juveniles who were not being admitted to NDCC, but had been detained by the police and were awaiting the legal guardians or legal representative to pick them up. Next to this area was a visitation room that was used for family services, legal appointments, or other supportive community services. The intake processing area that included the showers and private area for detainee searches was also located in this area before entrance to main NDCC facility. A separate door, monitored by Master Control, was used to allow entrance into the actual NDCC portion of the facility. Inside Master Control were monitors that showed all camera angles within NDCC including all exits and outdoor areas. Master Control had the ability to view all areas of the facility with sight, but no sound. It was observed that radios and hand signals were used to communicate.

There are two main halls to the facility. The halls included administrative offices, classrooms, detainee pods, a cafeteria, library, staff breakroom/bathroom, a gym and an activity room (which the auditor utilized for confidential interviews). The auditor observed cameras in each of the noted areas, and there were no blinds spots identified from the rooms, or from the video monitors in Master Control. The hallways were marked with tape to provide guidance to detainees and staff of movement boundaries that are typically used when the facility has a higher census to prevent pods from cross communicating. NDCC had an outdoor area used in the warmer temperatures to allow outdoor exercise for detainees. This area was also on camera, and could not be accessed without Master Control. All doors had locks that could be overridden by keys that were kept in the supervisor's office.

As previously stated, there were 6 units/pods that contain 8 single-occupancy cells. Each cell contains a toilet and a bed and has a locking door with a small window for staff checks. Each pod contains a staff desk where the phones are located for client phone calls, two distinct shower rooms with solid doors that lock from the inside by the detainee with no windows, a maintenance room that locks from the outside and contains the water heaters, a storage closet with shelves where the detainees keep their toiletries, and a janitor closet where mop buckets and a water spigot and drain are contained. The staff conduct 30 minute documented checks in the pod log book, and 15 minute checks for detainees on staff alert protocols. A view from the Master control cameras shows the

detainees have privacy for hygiene breaks and showers.

The facility has a kitchen on the back wall of the cafeteria, however, it was observed there is no detainee or staff access from inside the facility. The PREA Coordinator took the auditor to this area as part of the onsite tour. We were allowed out of the facility exit door that leads to the kitchen by Master Control. We were allowed access into the kitchen by Master Control. The kitchen contained a storage area for dry foods, a walking refrigerator that led into a walking freezer, a cooking area, a food prep area, a staff office, and a janitor section that contained cleaning supplies and a mopping station. It was noted that cameras were not located in the walking refrigerator/freezer, but a camera was located in the hallway that showed who entered and exited that area. Additionally, there was not a camera in the dry goods area or the janitor station, but again a camera in the hallway showed anyone entering or exiting those areas. A camera was located in the kitchen prep area. The only access point from the kitchen to NDCC was a locked service window where food could be served to the detainees.

## Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

- Yes  
 No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

The auditor randomly selected 10 employee records. The records were chosen based on staff role/duties, staff gender, length of employment, and primary shift assignment. The employee records contained the staff training documents, the application for employment, as well as the background checks. The auditor reviewed all 6 detainee records which contained the risk screening documentation, and any other relevant documentation surrounding staff alerts. The facility did not have any investigative records related to a sexual abuse. The PREA Coordinator and the Superintendent provided samples of other investigative findings, staff interventions, grievance logs and incident report reviews, upon request, to verify the overall process the facility takes to report and respond to an incident within the facility. The medical staff provided access to all the active detainee records for review, as well as samples from other specific documents the auditor requested. The detention staff shared the daily log books which noted unannounced rounds, staff alerts, and other relevant programming notes. The higher level staff shared the daily log book that contained their round notes, staff alerts, and other relevant programming notes. The auditor was provided with staff lists, staff schedules, the program schedule, and an active detainee roster with housing assignments and basic demographic information.

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

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

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

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

**Sexual Harassment Investigation Outcomes**

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	NDCC had no reported allegations of sexual abuse or sexual harassment during this audit cycle. Therefore facility did not have any investigative records related to a sexual abuse. The PREA Coordinator and the Superintendent provided samples of other investigative findings, staff interventions, grievance logs and incident report reviews, upon request, to verify the overall process the facility takes to report and respond to an incident within the facility.

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

<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>NDCC had no reported allegations of sexual abuse or sexual harassment during this audit cycle. Therefore facility did not have any investigative records related to a sexual abuse. The PREA Coordinator and the Superintendent provided samples of other investigative findings, staff interventions, grievance logs and incident report reviews, upon request, to verify the overall process the facility takes to report and respond to an incident within the facility.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) </p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>

114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
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## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

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

121. Who paid you to conduct this audit?	<input checked="" type="radio"/> The audited facility or its parent agency  <input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)  <input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)  <input type="radio"/> Other
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## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.311	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 328 300"><b>115.311</b></p> <p data-bbox="240 329 1026 358">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 387 399 416"><b>DOCUMENTS:</b></p> <ul data-bbox="240 445 576 701" style="list-style-type: none"> <li>* NDCC Zero Tolerance Policy</li> <li>* NDCC Written Institutional Plan</li> <li>* NDCC Harassment Policy</li> <li>* PI-3 Definitions</li> <li>* 2020 Organizational Chart</li> </ul> <p data-bbox="240 730 392 759"><b>INTERVIEWS:</b></p> <ul data-bbox="240 788 446 817" style="list-style-type: none"> <li>* PREA Coordinator</li> </ul> <p data-bbox="240 846 360 875"><b>FINDINGS:</b></p> <p data-bbox="240 904 1493 1133"><b>(a.)</b> Neaves Davis Center for Children, hereafter referred to as NDCC, has a Zero Tolerance Policy and a Written Institutional Plan that mandate zero tolerance toward all forms of sexual abuse and sexual harassment in its facility, and outline how it will implement the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy and plan both include definitions of prohibited behaviors that are considered sexual abuse or sexual harassment. The NDCC Zero Tolerance Policy states, "Sexual harassment is defined as unwanted sexual advances visual, verbal, or physical, consisting of a sexual nature. This includes many forms of offensive behavior and includes gender based harassment of a person of the same sex as the abuser. The following is a partial list of sexual harassment/abuse examples:</p> <ul data-bbox="240 1162 1337 1592" style="list-style-type: none"> <li>* Unwanted sexual advances</li> <li>* Offering gifts/favors in return for sexual favors</li> <li>* Making or threatening reprisals after refusing sexual advances</li> <li>* Visual conduct that includes leering, jeering, sexual gestures, displaying sexual objects, pictures or cartoons</li> <li>* Conduct that includes making or using derogatory comments, slurs, jokes, or other verbal abuse.</li> <li>* Sexual advances or propositions</li> <li>* Obscene gestures, letters, notes or invitations</li> <li>* Physical conduct that includes touching, assaulting, impeding or blocking movement."</li> </ul> <p data-bbox="240 1621 1493 2148">An additional supplement, PI-3 Definitions, provides more detailed definitions of sexual abuse and sexual harassment, as well as defines youth on youth, and staff on youth acts that would fall under sexual abuse and sexual harassment behaviors. The NDCC Zero Tolerance Policy provides specific information that describes the proper reporting procedures for allegations of sexual abuse and sexual harassment. The NDCC Zero Tolerance Policy describes how allegations of sexual abuse and sexual harassment will be investigated, including how perpetrators and victims will be separated throughout the process. The NDCC Zero Tolerance Policy provides a description of sanctions and response protocols when allegations of sexual abuse and sexual harassment occur. The NDCC Written Institutional Plan states, "Policy 115.311 mandates a zero tolerance toward all forms of sexual abuse and sexual harassment, outlines implementation, includes definitions of prohibited behaviors, includes sanctions for those who have participated in prohibited behaviors, includes a description of facility strategies and responses to reduce and prevent sexual abuse and sexual harassment of juveniles." The NDCC Zero Tolerance Policy provides a detailed description of staff and resident education procedures that are used to reduce and prevent sexual abuse and sexual harassment of detainees. This education includes how to recognize red flags, how to report and whom to report to, as well as how the investigation process occurs, and ways to keep detainees safe from further harm, including any potential retaliation. The auditor was able to confirm the implementation of this policy through a review of detainee intake records which showed detainees signed that they received this education upon entry to the facility; and through the training records of the staff on the Zero Tolerance Policy at new hire and annually thereafter.</p>

**(b.)** NDCC provided an organizational chart that shows they employ a PREA Coordinator for the facility. The chart demonstrates this position is a higher level position and she is supervised directly by the Detention Director (Superintendent). During interviews with the PREA Coordinator she described her role and duties with the facility. Overall she is the compliance person for the facility which lends to her role and authority as the PREA Coordinator. The PREA Coordinator described that as part of her regular duties, she is expected to provide ongoing oversight to staff and detainees through education, implementation, reporting and responding to all things PREA. She stated that she feels she is given the support and time that she needs to complete her duties as the PREA Coordinator for NDCC. Throughout the onsite interviews of staff and detainees, and during walk-throughs of the facility, it was clear that the PREA Coordinator is active in her role, and staff and detainees consider her a resource of the facility when they have questions or concerns about anything related to PREA prevention, reporting, or responding.

**(c.)** NDCC does not have a PREA Compliance Manager position because it is a single facility.

**CONCLUSIONS:**

NDCC has been found to be in compliance with all provisions for 115.311.

<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 318"><b>115.312</b></p> <p data-bbox="229 318 1509 380">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="229 380 1509 443"><b>DOCUMENTS:</b></p> <p data-bbox="229 443 1509 506">NA</p> <p data-bbox="229 506 1509 568"><b>INTERVIEWS:</b></p> <p data-bbox="229 568 1509 631">* Agency Head/Contract Administrator</p> <p data-bbox="229 631 1509 694"><b>FINDINGS:</b></p> <p data-bbox="229 694 1509 855"><b>(a.) and (b.)</b> In the Pre-Audit Questionnaire (PAQ), the facility noted it does not enter into any contracts with other agencies for the confinement of its detainees. During the onsite interview with the Agency Head, he confirmed that at this time the facility does not utilize contracts with other agencies to provide confinement for its detainees. The Agency Head stated that if NDCC chooses in the future to contract with other agencies for the confinement of its detainees, the expectation is that the contracted facilities would comply with the PREA standards for the supervision and monitoring of its detainees.</p> <p data-bbox="229 855 1509 918"><b>CONCLUSIONS:</b></p> <p data-bbox="229 918 1509 963">NDCC was found to be in compliance with the provisions of standard 115.312.</p>

115.313	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 328 297"><b>115.313</b></p> <p data-bbox="240 331 1026 358">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 387 397 414"><b>DOCUMENTS:</b></p> <ul data-bbox="240 443 762 815" style="list-style-type: none"> <li>* NDCC Staffing Plan</li> <li>* Policy &amp; Procedure: Supervision and Monitoring</li> <li>* 115.313 Memo</li> <li>* 115.313 (d-1)</li> <li>* 115.313 (e-1)</li> <li>* Sample Unannounced Rounds Logs</li> <li>* Proposed Changes for Juvenile Detention Officers</li> </ul> <p data-bbox="240 846 392 873"><b>INTERVIEWS:</b></p> <ul data-bbox="240 902 443 1104" style="list-style-type: none"> <li>* Superintendent</li> <li>* PREA Coordinator</li> <li>* Higher Level Staff</li> <li>* Random Staff</li> </ul> <p data-bbox="240 1135 360 1162"><b>FINDINGS:</b></p> <p data-bbox="240 1191 1445 1317"><b>(a.)</b> NDCC policy 115.313 states, "The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:</p> <ol data-bbox="240 1348 1453 1951" style="list-style-type: none"> <li>a. Generally accepted juvenile detention and correctional/secure residential practices;</li> <li>b. Any judicial findings of inadequacy;</li> <li>c. Any findings of inadequacy from Federal investigative agencies;</li> <li>d. Any findings of inadequacy from internal or external oversight bodies;</li> <li>e. All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);</li> <li>f. The composition of the resident population;</li> <li>g. The number and placement of supervisory staff;</li> <li>h. Institution programs occurring on a particular shift;</li> <li>i. Any applicable State or local laws, regulations, or standards;</li> <li>j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and</li> <li>k. Any other relevant factors."</li> </ol> <p data-bbox="240 1980 1493 2141">NDCC developed, implemented, and documented a staffing plan based on an average daily occupancy of 8 detainees. A review of the staffing plan showed that NDCC allows for at least one male and one female staff member on each shift to provide oversight to any detainees that are admitted, or could potentially be admitted. In addition to the direct care staff, a supervisor and a master control board staff are placed on the schedule. During the onsite portion of the audit, the auditor observed 6 active detainees onsite. All were detainees were male, however, the facility still maintained one female staff in the</p>

female unit on each shift. The staffing plan takes into consideration the 11 criteria as noted in provision (a.) of 115.313, including the use of video monitoring to protect detainees from sexual abuse. The auditor interviewed the Superintendent to confirm how the staffing plan is managed and reviewed annually. He shared the difficulty the facility has experienced with hiring and retaining employees in that he used to be able to fill open positions within 30-90 days; and now positions are remaining open 90+ days. The Superintendent shared a proposal he created for the Agency Head to take to the County to try and increase incentives for new hires and to allow NDCC to be competitive with the employment market in the community. The Superintendent stated the facility was using overtime, and a first come, first serve request for time off to manage minimum staffing patterns. NDCC works from a 1:8 staff to detainee ratio during awake hours and 1:16 staff to detainee ratio during sleep hours. NDCC was observed during daily programming to exceed staffing requirements with education, medical, kitchen, and administrative also available. NDCC was proactive in maintaining a staffing plan that allowed for the 1:8 coverage of detainees. Even though there were no female detainees on site during the audit, NDCC maintained a female staff member on each shift to provide coverage for the female pod, in case a female detainee was admitted. It was the ongoing practice of the facility to have two detention staff of each gender on shift in case of an emergency, or transport needs arose.

**(b.)** NDCC policy 115.313 states, "The agency shall comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances." The PREA Coordinator documented in the PAQ there were no incidents where the facility was unable to comply with the staffing plan requirements. The Superintendent stated in his interview the facility was using overtime, and a first come, first serve request for time off to manage minimum staffing patterns. The Shift Supervisor provided the auditor with samples of the schedule during the previous year to confirm compliance with the staffing patterns. Random staff interviews also confirmed that NDCC maintains the minimum 1:8 ratio on shifts in each pod for direct line of sight supervision, as well as a supervisor and a master control board operator.

**(c.)** NDCC policy 115.313 states, "Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance." NDCC works from a 1:8 staff to detainee ratio during awake hours and 1:16 staff to detainee ratio during sleep hours as required by PREA and as required by other mandated requirements of other supervisory certification boards. The PREA Coordinator documented in the PAQ there were no incidents where the facility was unable to comply with the staffing plan requirements. The Superintendent stated in his interview the facility was using overtime, and a first come, first serve request for time off to manage minimum staffing patterns. The Shift Supervisor provided the auditor with samples of the schedule during the previous year to confirm compliance with the staffing patterns. Random staff interviews also confirmed that NDCC maintains the minimum 1:8 ratio on shifts in each pod for direct line of sight supervision, as well as a supervisor and a master control board operator.

**(d.)** NDCC policy 115.313 states, "Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to:

- a. The staffing plan established pursuant to paragraph (1) of this section;
- b. Prevailing staffing patterns;
- c. The facility's deployment of video monitoring systems and other monitoring technologies; and
- d. The resources the facility has available to commit to ensure adherence to the staffing plan."

NDCC assessed, determined, and documented a staffing plan based on an average daily occupancy of 8 detainees. A review of the staffing plan showed that NDCC allows for at least one male and one female staff member on each shift to provide oversight to any detainees that are admitted, or could potentially be admitted. In addition to the direct care staff, a supervisor and a master control board staff are placed on the schedule. During the onsite portion of the audit, the auditor observed 6 active detainees onsite. All were detainees were male, however, the facility still maintained one female staff in the female unit on each shift. The auditor interviewed the Superintendent to confirm how the staffing plan is managed and reviewed annually. He shared the PREA Coordinator is involved in all reviews of staffing plan changes in order to comply with standard 115.313 and its provisions. The Superintendent stated the facility was using overtime, and a first come, first serve request for time off to manage minimum staffing patterns. The PREA Coordinator stated that deviations from the staffing pattern would be captured in the daily log books and noted on the staff schedule, should this situation occur. NDCC works from a 1:8 staff to detainee ratio during awake hours and 1:16 staff to detainee ratio during sleep hours as stated in memo 115-313 d-1. The PREA Coordinator confirmed in her interview that she is involved in staffing pattern compliance discussions, and how video monitoring is utilized to support detainee supervision.

**(e.)** NDCC policy 115.313 states, "Each secure facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit 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." Memo of compliance for standard 115.313 was signed by the Superintendent that states, "Supervisory staff conduct unannounced rounds to each pod to deter sexual abuse or sexual harassment. These visits are documented in each pod log book. Staff is prohibited from alerting other staff regarding these unannounced rounds." In the Higher Level Staff Supervisor interview it was reported that unannounced rounds occur on every shift, including night shift, and are documented in the pod log books. He provided samples of these unannounced rounds to the auditor while onsite. In the Random Staff interviews, staff consistently reported that supervisors conduct unannounced rounds daily. The staff confirmed in the interviews that they do not alert other staff of these rounds, and it was noted that the staff felt this would be an unnecessary alert as the supervisors are present throughout all shifts and providing oversight and regular check-ins. The master control staff during the audit tour confirmed the unannounced rounds occur on each shift because this person is required to unlock the pods to grant access to the supervisor for the rounds.

**CONCLUSIONS:**

NDCC was found to be in compliance with all provisions of 115.313 and to exceed the ratio requirements.

115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.315</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <p><b>DOCUMENTS:</b></p> <ul style="list-style-type: none"> <li>* 3-JDF-3A-20 Search Policy</li> <li>* Cross Gender Search Compliance Memo</li> <li>* Policy for 115.315</li> <li>* NDCC Strip Search Protocol</li> <li>* NDCC Staff Training Log with Search Procedures Training</li> <li>* Detainee Medical and Intake Records</li> </ul> <p><b>INTERVIEWS:</b></p> <ul style="list-style-type: none"> <li>* Non medical staff who perform searches/Random Staff</li> <li>* Random Resident</li> <li>* PREA Coordinator</li> </ul> <p><b>FINDINGS:</b></p> <p><b>(a.) and (b.)</b> NDCC policy 3-JDF-3A-20 states, "Written policy, procedure, and practice provide that manual or instrument inspection of body cavities is conducted only when there is reason to do so and when authorized by the facility administrator or designee. The inspection is conducted in private by health personnel." NDCC policy 115.315 states, "All employees of this facility are trained and shall follow the strip search guidelines upon employment. No search of body cavities is conducted by employees. When necessary, medical staff will perform these searches. No cross gender pat down searches will be tolerated." Random Staff interviewees reported that staff are trained to never conduct cross gender visual cavity, strip, or pat down searches of any kind. The Random Staff interviewees further reported that if an exigent circumstance arose, a supervisor would be notified, and the detainee would be placed in the cell or taken to medical until an approved search could be performed. The Random Staff interviewees reported that same sex staff conduct all strip searches during intake and pat down searches in the facility. The Random Staff interviewees communicated safety protocols the staff use when conducting pat down searches, including documenting them in the log book, and conducting them under the camera with an additional staff witness. The PREA Coordinator noted in the PAQ there were no cross gender visual cavity, strip, or pat down searches performed during this audit cycle, and she confirmed this report in her onsite interview. A review of client records, including medical records and incidents reports, confirmed there were no documented cross gender visual cavity, strip, or pat down searches during this audit period. The Random Resident interviewees confirmed that all intake strip searches and pat down searches are conducted by same sex staff members. The Random Resident interviewees all reported no cavity searches have been conducted. Staff are trained on how to conduct searches using the Strip Search Procedure document.</p> <p><b>(c.)</b> NDCC policy 3-JDF-3A-20 states, "A manual or instrument inspection of a resident's body cavity is conducted only when there is reason to do so and when authorized by the director of detention care services or his/her designee. The inspection is conducted in private by health care personnel... Manual or instrument inspection of body cavities shall be fully documented by medical staff. A report shall be submitted to the director of detention care services." NDCC Strip Search Procedure states, "Staff will make entry in log book of any items found or not found." The PREA Coordinator noted in the PAQ there were no cross gender visual cavity, strip, or pat down searches performed during this audit cycle, and she confirmed this report in her onsite interview. A review of client records, including medical records and incidents reports, confirmed there were no documented cross gender visual cavity, strip, or pat down searches during this audit period.</p> <p><b>(d.)</b> NDCC policy 115.315 states, "Residents shall shower, perform bodily functions, and change clothing in the privacy of their pods. When staff of the opposite gender is entering the housing unit, they will announce their arrival." NDCC has detailed the intake Strip Search Procedures for staff to follow and provide this training during new hire orientation and annually thereafter, as observed through policy review and staff training records. A copy of the procedures is maintained in the intake area, as observed during the onsite audit. The auditor observed while onsite that each housing unit has a sign on the entry door that requires staff of opposite gender to announce themselves prior to entry. During the Random Resident and</p>

Random Staff interviews it was noted that all units are monitored by the same sex staff, and opposite gender staff do announce prior to entry into the pod. Random Resident interviews further revealed that the detainees feel they are given privacy during the shower process, and while performing bodily functions. The auditor observed while onsite that each pod contains two shower/bath rooms for detainee use. The rooms have a solid door with no windows that lock from the inside by the detainees. (Staff have emergency keys for entry if needed.) The auditor observed the shower process begin and noted the detainees go into the room fully clothed and take fresh clothes with them to change into before exiting the shower area. Each detainee is housed in a single occupancy cell within an 8 pod unit. It was observed during the onsite visit that each pod houses a single gender, with F pod being for females, and all other pods house males. Only one male pod was in use at the time of the onsite audit with 6 male detainees in residence. The female unit was staffed with one staff on each shift in case a female was admitted. Each individual detainee cell was observed to have a locking door with a small window for staff checks of detainee safety. The Random Staff and Random Resident interviews confirmed that staff complete 15 minute checks of the cells when detainees are in the pods, but the detainees are given privacy to use the restroom facilities in the pods. The Random Resident interviews confirmed the detainees feel safe and feel they have extensive privacy to complete shower and hygiene activities. The auditor also observed when reviewing the master control camera angles that the detainees were not in view of opposite gender viewing when performing hygiene and shower procedures.

**(e.)** NDCC policy 115.315 states, "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." During the PAQ review it was noted by the PREA Coordinator that no searches occurred by staff to determine the genital status of a transgender or intersex youth. Random Staff interviews concluded that during the intake process youth were asked which gender they are, and this is the information noted in the record and for housing placement and staff observation assignment. During the Random Resident interviews there were no transgender or intersex youth identified in the facility for interview purposes.

**(f.)** NDCC Strip Search Procedure point 5 states, "5. Staff will be respectful and professional." NDCC Strip Search Procedure points 6-9 further clarify the procedures for respectfully and discreetly completing the intake search protocol. When reviewing staff training records, it was noted that staff do receive training on the search procedures. During the Random Staff interviews it was noted that staff are fully aware of the restrictions for no cross gender cavity, strip or pat down searches to be conducted. Each staff reported that in an exigent circumstance a supervisor would be contacted, and the detainee would be placed in the cell or taken to medical for monitoring until the appropriate staff could be located for the approved search. Random Staff interviewees further reported that under no circumstance would they search a client to determine the gender status. The staff reported that during intake, what the detainee reports as gender status, and what is noted in the detainee history is what is used for placement and housing decisions.

**CONCLUSIONS:**

NDCC was found to be in compliance with all provisions of 115.315.

115.316	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 328 297"><b>115.316</b></p> <p data-bbox="240 331 1026 358">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 387 399 414"><b>DOCUMENTS:</b></p> <ul data-bbox="240 443 563 584" style="list-style-type: none"> <li>* 115.316 Signed Memo</li> <li>* 115.316 Policy and Procedure</li> <li>* Detainee Handbook</li> </ul> <p data-bbox="240 613 394 640"><b>INTERVIEWS:</b></p> <ul data-bbox="240 672 1015 871" style="list-style-type: none"> <li>* Agency Head</li> <li>* Random Staff</li> <li>* Random Staff who speaks Spanish and assists with detainees who are LEP</li> <li>* Random Resident</li> </ul> <p data-bbox="240 900 360 927"><b>FINDINGS:</b></p> <p data-bbox="240 958 1485 1924"><b>(a.)</b> NDCC policy 115.316 states, "The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164." This policy further clarified, "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." A memo of record for PREA Standard 115.316 states, "The Neaves-Davis Center for Children will also provide pamphlets and other written materials in a language deemed appropriate for this age group. Staff members will ensure all new residents fully understand the material presented. If a resident needs further assistance, the Huntsville City School System contracts with the Neaves-Davis Center for Children and provides a special education teacher to aide in presenting these materials in a comprehensive manner." In the Agency Head interview, he stated that Madison County provides the use of interpreters as needed for detainees with LEP, hard of hearing, or any other special circumstances as part of this provision, as needed. While onsite, there were no clients that were considered Residents with disabilities and residents who are limited English proficient for interview. During the Random Staff interviews, the staff reported the most common use of this policy is around detainees who are LEP, typically Hispanic clients that do not speak English. NDCC has a detention staff member that speaks Spanish. This staff member was interviewed and he confirmed that he is often used to assist in the intake process to help with interpretation and reading the informed consent procedures. During the Resident interviews the detainees confirmed that they received handbooks during intake, and the staff fully explained their PREA rights to assist in preventing, detecting and responding to sexual harassment and sexual abuse.</p> <p data-bbox="240 1955 1485 2148"><b>(b.)</b> NDCC policy 115.316 states, "The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary." Again, in the Agency Head interview, he stated that Madison County provides the use of interpreters as needed for detainees with LEP, hard of hearing, or any other special circumstances as part of this provision, as needed. While onsite, there were no clients that were considered Residents with</p>

disabilities and residents who are limited English proficient for interview. During the Random Staff interviews, the staff reported the most common use of this policy is around detainees who are LEP, typically Hispanic clients that do not speak English. NDCC has a detention staff member that speaks Spanish. This staff member was interviewed and he confirmed that he is often used to assist in the intake process to help with interpretation and reading the informed consent procedures. One Random Staff interviewee noted that she has used a Google interpreter app to assist her until the Madison County interpreter arrived. All staff interviewed were aware of the procedure for requesting interpreter services when needed with new detainees.

(c.) NDCC policy 115.316 states, "The agency shall not rely 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." A memo of record for PREA Standard 115.316 states, "The Neaves-Davis Center for Children is committed in providing adequate services to all residents. If a resident requires translation services, the Neaves-Davis Center will provide a translator through the Madison County Court Administrators Office, the Huntsville Police Department, the Madison County Sheriff's Department, or through a local community business specializing in translation services. As of this date, there have been no requests for these services." During the onsite portion of the audit, it was confirmed that no detainees were in house that needed to utilize these services.

**CONCLUSIONS:**

NDCC was found to be in compliance with all provisions of standard 115.316.

115.317	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 328 297"><b>115.317</b></p> <p data-bbox="240 329 1026 356">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 387 399 414"><b>DOCUMENTS:</b></p> <ul data-bbox="240 445 1201 757" style="list-style-type: none"> <li>* Policy and Procedure 115.317</li> <li>* 115.317 Application Questions</li> <li>* 115.317 5 Years Memo</li> <li>* 3-JDF-1C-13 Policy and Procedure</li> <li>* Onsite Active Employee List with Hire Dates and Position</li> <li>* Employee Record Reviews that included the Employment Application and Background Checks</li> </ul> <p data-bbox="240 788 392 815"><b>INTERVIEWS:</b></p> <ul data-bbox="240 846 571 987" style="list-style-type: none"> <li>* Administrative Staff (Secretary)</li> <li>* PREA Coordinator</li> <li>* Superintendent</li> </ul> <p data-bbox="240 1019 360 1046"><b>FINDINGS:</b></p> <p data-bbox="240 1077 1493 1368"><b>(a.)</b> NDCC policy 3-JDF-1C-13 states, "A criminal record check is conducted of all new employees in accordance with state and federal statutes. As a part of the application process for employment at the facility, applicants sign a request for the release of criminal records. The release is processed through the Madison County Sheriff's Department and City of Huntsville Police Department. The record check information becomes a part of the applicant's personnel file. In accordance with requirements from the Prison Rape Elimination Act, applicants must also sign a Child Abuse/Neglect Registry form. This form is processed through the Alabama Department of Human Resources. The CA/N form becomes part of the applicant's training file located at the Neaves-Davis Center for Children." NDCC policy 115.317 states, "The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who—</p> <ul data-bbox="240 1400 1465 1641" style="list-style-type: none"> <li>a. 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);</li> <li>b. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or</li> <li>c. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (1)(b) of this section."</li> </ul> <p data-bbox="240 1673 1473 1933">An interview with the PREA Coordinator confirmed that NDCC does not employ staff or contractors who have a history of sexual abuse convictions or documented incidents in jails, prisons, lockups, community confinement, juvenile or other institutional settings. An interview with the secretary supported that NDCC completes background checks on all new hire employees. A review of the employee records showed that background checks were conducted on all new hire staff prior to employment, as well as those being promoted. A review of the application in the employee records shows that the three questions pursuant to this standard provision are included and staff are required to respond as part of the application process. All background checks in the employee records this auditor randomly chose for review were clear of sexual abuse convictions and Department of Human Resources confirmed reports of sexual abuse.</p> <p data-bbox="240 1964 1481 2157"><b>(b.)</b> NDCC policy 115.317 states, "The agency shall 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." Interviews with the PREA Coordinator and the administrative secretary both confirmed that NDCC considers incidents of sexual harassment in determining whether to hire or promote anyone, or when hiring contractors, who may have contact with detainees. Both interviewees confirmed the process for screening as described in provision (a.) of this standard applies to this provision (b.), as well. A review of the employee records showed two staff members who were moved to new positions of detainee</p>

oversight (promotions) who received background checks as part of this move.

**(c.)** NDCC policy 3-JDF-1C-13 states, "A criminal record check is conducted of all new employees in accordance with state and federal statutes. As a part of the application process for employment at the facility, applicants sign a request for the release of criminal records. The release is processed through the Madison County Sheriff's Department and City of Huntsville Police Department. The record check information becomes a part of the applicant's personnel file. In accordance with requirements from the Prison Rape Elimination Act, applicants must also sign a Child Abuse/Neglect Registry form. This form is processed through the Alabama Department of Human Resources. The CA/N form becomes part of the applicant's training file located at the Neaves-Davis Center for Children." NDCC policy 115.317 states, "Before hiring new employees who may have contact with residents, the agency shall:

a. Perform a criminal background records check;

b. Consult any child abuse registry maintained by the State or locality in which the employee would work; and

c. 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." In the PAQ it was noted that there were no employees or contractors hired within the last 12 months for whom background checks were completed. A review of the current staff list and employee records showed that five staff were either hired in 2021, or were moved to positions where they had contact with detainees. All staff had the documented background checks in the records. The PREA Coordinator and the administrative secretary confirmed in their interviews that background checks are completed for all new employees who may have contact with residents. A review of the employee records confirmed that Madison County background checks, NCIC background checks, and a CAN report for the Department of Human Resources was completed on all new hires.

**(d.)** NDCC policy 115.317 states, "The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents." The PREA Coordinator noted in the PAQ and confirmed during her interview that there were no contractors hired during the previous 12 month period. There were no records for review of contractors that were currently working for NDCC, because there were no contractors at the time of the onsite visit.

**(e.)** NDCC policy 115.317 states, "The agency shall 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." A signed memo by the Detention Director states, "This facility shall ensure background checks are performed on all staff, volunteers, and contractors every five years from date of hire." A review of the employee records with service over 5 years with NDCC, showed that since the implementation of the PREA standards, all employees had background checks conducted every 5 years. The PREA Coordinator and the administrative secretary both confirmed in their interviews that they submitted background for checks on NDCC employees and contractors who had service periods over five years. A review of the employee list provided while onsite showed there were eleven staff who fell in this category.

**(f.)** NDCC policy 115.317 states, "The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (1) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct." A review of the application in the employee records shows that the three questions pursuant to this standard provision (a.) are included and staff are required to respond as part of the application process. The PREA Coordinator and the administrative secretary confirmed this process is part of the new hire information gathered on all potential employees when scheduling interviews for employment. The Superintendent confirmed that he asks these questions directly as a part of his interview process.

**(g.)** NDCC policy 115.317 states, "Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination." Interviews with the PREA Coordinator and the Superintendent confirmed that if an employee failed to provide information surrounding sexual misconduct, it would be grounds for termination.

**(h.)** NDCC policy 115.317 states, "Unless prohibited by law, the agency shall 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." The Superintendent reported that all information surrounding incidents of sexual misconduct are noted in the employee records, and with written consent from employees to disclose information to potential employers, information is disclosed upon request.

#### **CONCLUSIONS:**

NDCC was found to be in compliance with all provisions of standard 115.317

115.318	<p><b>Upgrades to facilities and technologies</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>115.318</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <p><b>DOCUMENTS:</b></p> <ul style="list-style-type: none"> <li>* Facility layout schematic</li> </ul> <p><b>INTERVIEWS:</b></p> <ul style="list-style-type: none"> <li>* Superintendent</li> <li>* Agency Head</li> </ul> <p><b>FINDINGS:</b></p> <p><b>(a.) and (b.)</b> The PAQ completed by the PREA Coordinator indicated there have been no significant expansions or upgrades to the facility since the implementation of PREA in 2012. An interview with the Agency Head confirmed that any future expansion to the facility would take into consideration the need to protect detainees from sexual abuse. He confirmed that there have been no significant changes to the facility since 2012. The Agency head shared with the auditor the history of the renovation to the facility in 1991-92. he shared that the facility head at the time went to several facilities and took the best practices of what he saw and used them to design the current layout of NDCC. The facility incorporates eight single cell pods with private showers in each unit to promote sexual safety and privacy of the detainees. The structure of the housing units also forces compliance with the 1:8 ratios of staff to detainees. The Superintendent shared that the most recent upgrades to the facility included paint and cosmetic work to the pods/units; the replacement of exterior windows; and the implementation of new computers that allowed for the use of telehealth Zoom services for detainees related to virtual court, mental health assessments and substance use services. He also noted that new monitors were placed in the master control room that allowed for all cameras to show at once. The auditor observed the new monitors in the control room while onsite, the new computer for Zoom services, as well as some of the painting modifications that were being completed to empty pods/units.</p> <p><b>CONCLUSIONS:</b></p> <p>NDCC was found to be in compliance with all provision of standard 115.318.</p>
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115.321	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 328 300"><b>115.321</b></p> <p data-bbox="240 329 1026 358">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 387 399 416"><b>DOCUMENTS:</b></p> <ul data-bbox="240 445 782 757" style="list-style-type: none"> <li>* NDCC Policy and Procedure 115.321</li> <li>* Crisis Services MOU</li> <li>* Huntsville Hospital MOU</li> <li>* Sheriffs Department MOU</li> <li>* NDCC Incident Reports</li> <li>* NDCC Employee Training of First Responder Duties</li> </ul> <p data-bbox="240 786 394 815"><b>INTERVIEWS:</b></p> <ul data-bbox="240 844 766 1216" style="list-style-type: none"> <li>* Random Staff</li> <li>* PREA Coordinator</li> <li>* Agency Head</li> <li>* Superintendent</li> <li>* Random Residents</li> <li>* Madison County Department of Human Resources</li> <li>* Huntsville Hospital ER Staff</li> </ul> <p data-bbox="240 1245 362 1274"><b>FINDINGS:</b></p> <p data-bbox="240 1303 1490 1966"> <b>(a.) and (f.)</b> NDCC policy 115.321 states, "To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions."; and, "To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (1) through (4) of this section." In the Random Staff interviews, each staff member was able to state the procedure for collecting usable physical evidence if a resident alleges sexual abuse. Examples of those procedures communicated to the auditor included preserving the scene to limit contamination; use of gloves to prevent scene contamination; and using bags to collect evidence such as clothing, sheets, weapons, or other items deemed important. In the Random Staff interviews, each staff member was able to state the procedure for being a first responder when a resident has allegedly been the victim of a sexual abuse. Examples of the first responder duties communicated to the auditor during the interviews included separating the victim and perpetrator; securing the scene from contamination; preventing the victim and perpetrator from bathing, eating, brushing teeth, or other activities that might cause a loss of forensic evidence; documenting the scene (such as time, location and surroundings), witnesses, perpetrator and victim of the event. A review of the staff training records supported that staff receive first responder training as part of their required training for supervising detainees. The Random Staff reported that all incidents would be reported to their immediate supervisors who would in turn contact the Superintendent. The Superintendent reported in his interview that administrative and criminal investigations surrounding sexual abuse are reported to Madison County Department of Human Resources and Madison County Sheriff's Department for investigation. </p> <p data-bbox="240 1995 1490 2159"> <b>(b.)</b> NDCC has documented that the facility does not conduct administrative nor criminal investigations of sexual abuse. All investigations are turned over to the Madison County Sheriff's Department. The MOU between NDCC and the Madison County Sheriff's Department states, "By signing this MOU, the Sheriff Department acknowledges that their investigative staff has received training measures as required by PREA whether through online video courses and/or through authorized training programs." </p>

**(c.)** NDCC policy 115.321 states, "The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs." NDCC has a documented MOU with Crisis Services of North Alabama and with Huntsville Hospital. In a review of the Crisis Services website it is clearly documented that "No fee is ever charged for direct services provided by CSNA."; and "CSNA's Forensic Nurse Examiner (FNE) Program is available to provide examinations for victims of sexual assault. Examinations are conducted primarily at CSNA in a private, confidential examination room on a 24/7 basis. If a patient is admitted to a hospital the nurse will make arrangements to conduct the examination at that location." An interview with the PREA Coordinator supported that detainees are taken to Huntsville Hospital in emergency situations, and the hospital coordinates with Crisis Services of North Alabama for the forensic exams. A phone call to Huntsville Hospital ER confirmed the partnership between the two agencies for conducting forensic exams. NDCC PREA Coordinator indicated in the PAQ there were no incidents of sexual abuse that resulted in a SAFE/SANE exam during this audit cycle. This was confirmed by the auditor through reviews of the onsite investigative files, interviews with the PREA Coordinator, Agency Head, and Superintendent, contact with Madison County Department of Human Resources, and contact with Just Detention International. The auditor left a message and sent an email to Crisis Services of North Alabama with no response. The crisis phone number provided to the detainees was tested, and did link the auditor with the appropriate contacts. The MOU and Crisis Services website were utilized to confirm the types and scope of services available for victims of a sexual abuse.

**(d.) and (e.)** NDCC policy 115.321 states, "The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(2)(b)(3), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services."; and, "As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals." NDCC has a documented MOU with Crisis Services of North Alabama that ensures the provision of a rape crisis advocate upon request. An interview with the PREA Coordinator supports this MOU is active, and the detainees have direct access to a victim advocate by using the sexual abuse hotline number posted throughout the facility. A review of the Crisis Services website indicates the following, "Sexual Assault Response Coordinator and Advocates respond to concerns about sexual assault: \* Whether it is recent or in the past \*If the person wishes to prosecute or not \*If the person seeking help is the victim, a family member, or someone close to the victim \* Our advocate will be there for you at the time you make your police report and undergo the rape exam \* With your consent, our advocate will speak with any family member or friend accompanying you and help them to understand some of the ways this experience may affect you \* Our advocate will provide you an information packet to answer many questions you may have about the legal process, medical issues, and your feelings after a sexual assault \* Our Sexual Assault Response Coordinator will be available to meet with you and/or your family or persons close to you to discuss your concerns." While onsite there were no residents available for interview who reported a sexual abuse. During the Random Resident interviews the auditor was able to obtain confirmation that the detainees were aware of the sexual abuse crisis hotline phone number, and reported they could ask any staff for a call and felt confident they would be able to receive the call to the hotline number of needed. A review of the detainee handbooks that each received at intake notes the sexual abuse hotline number, and the rights for a sexual abuse response that includes a rape advocate. The auditor observed the sexual abuse hotline number posted throughout the facility, and tested the number to confirm that it did connect the caller with Crisis Services of North Alabama.

**(h.)** NDCC has a documented MOU with Crisis Services of North Alabama to provide trained victim advocates to detainees who experience a sexual assault.

**CONCLUSIONS:**

NDCC was found to be in compliance with all provisions of standard 115.321.

115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 328 300"><b>115.322</b></p> <p data-bbox="242 329 1026 358">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 387 399 416"><b>DOCUMENTS:</b></p> <ul data-bbox="242 445 893 589" style="list-style-type: none"> <li>* NDCC Policy 115.322</li> <li>* NDCC Zero Tolerance Policy</li> <li>* Website: <a href="https://madisoncountyjuvenileprobational.weebly.com/">https://madisoncountyjuvenileprobational.weebly.com/</a></li> </ul> <p data-bbox="242 618 392 647"><b>INTERVIEWS:</b></p> <ul data-bbox="242 676 598 759" style="list-style-type: none"> <li>* Agency Head/Investigative Staff</li> <li>* Superintendent/Investigative Staff</li> </ul> <p data-bbox="242 788 360 817"><b>FINDINGS:</b></p> <p data-bbox="242 846 1492 1108"><b>(a.)</b> NDCC policy 115.322 states, "The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment." The NDCC PREA Coordinator indicated in the PAQ there were no administrative nor criminal investigations for allegations of sexual abuse during this audit cycle. This was confirmed by the auditor through communications with Madison County Department of Human Resources and Just Detention International, as well as reviews of the grievances, incident reports and investigative files housed onsite. The Agency Head confirmed in his interview that all allegations of sexual abuse are turned over to the Madison County Sheriff's Department for administrative and criminal investigations. An MOU is documented between NDCC and Madison County Sheriff's Department supporting this relationship between the two agencies.</p> <p data-bbox="242 1137 1492 1803"><b>(b.) and (c.)</b> NDCC policy 115.322 states, "The agency shall have in place a policy 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. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals."; and, "If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity." A review of the NDCC website, <a href="https://madisoncountyjuvenileprobational.weebly.com/">https://madisoncountyjuvenileprobational.weebly.com/</a>, shows that the agency has documented the NDCC Zero Tolerance Policy which states, "Anyone who believes he or she is being sexually harassed or abused or is aware of any behavior that may violate this policy, should report these matters to the juvenile detention supervisors. This report can be done both verbally and/or in writing utilizing the incident reporting process and/or the grievance reporting process. The juvenile detention supervisor will immediately forward the complaint to Director of Detention Care Services and Chief Probation Officer. Appropriate outside agencies will then be immediately notified. Residents will have access to visitation and phone calls to family members, clergy staff, counselors, and attorneys as outlined in the Resident Rule Book. Residents are also informed of the zero tolerance policy and use of the incident and grievance reporting process during the intake process. Family members or outside community members who suspect sexual assault of resident while in the facility can also make a report by contacting Neaves-Davis staff, through the crisis hot line, or in writing. All allegations will be investigated thoroughly." Interviews with the Agency Head and the Superintendent confirmed that they are notified immediately by detention staff of all allegations of sexual abuse that occur within the facility. Both administrators confirmed that policy requires that the Madison County Sheriff's Department would be notified of the need for an administrative and criminal investigation for all allegations of sexual abuse at NDCC.</p> <p data-bbox="242 1832 419 1861"><b>CONCLUSIONS:</b></p> <p data-bbox="242 1890 967 1919">NDCC was found to be in compliance with all provisions of this standard.</p>

<b>115.331</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.331</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <p><b>DOCUMENTS:</b></p> <ul style="list-style-type: none"> <li>* 115.331 Policy and Procedure</li> <li>* Zero Tolerance Policy</li> <li>* PREA Training Certificate</li> <li>* Staff Training Logs</li> <li>* Staff Confirmation of Trainings</li> <li>* Additional Training Confirmation for Medical Staff</li> <li>* Employee File Record Reviews</li> </ul> <p><b>INTERVIEWS:</b></p> <ul style="list-style-type: none"> <li>* PREA Coordinator</li> <li>* Medical Staff</li> <li>* Random Staff</li> </ul> <p><b>FINDINGS:</b></p> <p><b>(a.)</b> NDCC policy 115.331 states, "The agency shall train all employees who may have contact with residents on:</p> <ul style="list-style-type: none"> <li>a. Its zero-tolerance policy for sexual abuse and sexual harassment;</li> <li>b. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;</li> <li>c. Residents' right to be free from sexual abuse and sexual harassment;</li> <li>d. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;</li> <li>e. The dynamics of sexual abuse and sexual harassment in juvenile facilities;</li> <li>f. The common reactions of juvenile victims of sexual abuse and sexual harassment;</li> <li>g. 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;</li> <li>h. How to avoid inappropriate relationships with residents;</li> <li>i. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and</li> <li>j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;</li> <li>k. Relevant laws regarding the applicable age of consent."</li> </ul> <p>The auditor observed in the new hire and annual training documentation that NDCC trains its staff on all points (a.) thru (k.) of provision (a.) of standard 115.331. The PREA Coordinator showed the PREA auditor the video, PREA for the Corrections Officer, the staff watch as part of the new hire training process. Additionally, staff complete the training, PREA: Your Role Responding to Sexual Abuse. Other training includes Lock Up USA videos which teach staff how to maintain professionalism in the work place. Additional training observed in the staff records included a pre and post test for the key concepts the NDCC PREA training wants to pull out. The Random Staff interviews demonstrated the detention staff understand the core concepts of PREA. Staff were able to explain that the detainees they serve, no matter age, did not have the ability to consent to sexual</p>

relations. The Random Staff and the Medical Staff shared that they receive training on the intake process, which includes ways to communicate with detainees to foster open communications that are non-judgmental and professional with all residents, including those who are lesbian, gay, bisexual, transgender, intersex, or gender non-conforming. All staff interviewed, whether those that directly supervise, or those who may have limited contact with detainees, were well versed in the mandatory reporting procedures, knew who the PREA Coordinator was, and knew red flags that needed to be reported immediately to her or the Superintendent. The detention staff brought up regularly that the staff are trained when communicating directly with detainees, to do so under a camera, and the staff are taught hand signals to use so that Master Control can follow the content of the communication through the video monitoring. Staff demonstrated those hand signals to the auditor in the interviews, of which a sample was to place their hand out straight before them to ask a detainee to observe personal space. The Random Staff interviews also demonstrated the staff receive training on all points (a.) thru (k.) of NDCC's policy 115.331, and could demonstrate their understanding of knowledge of what Zero Tolerance to Sexual Abuse and Sexual Harassment meant.

**(b.)** NDCC policy 115.331 states, "Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa." The PREA Coordinator and the Random Staff interviews supported that all detainees are supervised by same gender assigned staff. Part of the documented annual training the staff receive, as observed by the auditor in the annual training records, is titled "Social and Cultural Lifestyles of the Juvenile Population, which teaches staff about adolescent development issues the detainees may be experiencing. It was observed while onsite that NDCC serves both biologically male and biologically female residents, and the pods are divided into male and female units supervised by the same sex staff members. At the time of the onsite audit, there were no female detainees in the facility, however, it was noted that NDCC still had female staff assigned to the female unit on each shift in case a female detainee was admitted into the facility.

**(c.)** NDCC policy 115.331 states, "All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies." The auditor was provided with a random sample of employee records that she chose which contained the staff training records. The employee records demonstrated that new hire employees received PREA training as part of the new hire training courses that are required before an employee can be placed on the floor to provide supervision to detainees. Additionally, staff had documented annual training logs that showed each staff member participated in annual PREA refresher training. The annual training logs listed the name of the training title, and had a place for the employee to sign and date when the training was received. All employee records the auditor reviewed contained these records with staff signatures. Additionally, staff with long-term employment that preceded PREA implementation, had training logs that demonstrated they were receiving training on sexual abuse and sexual assault in the preceding years. The employee training records also contained more detailed training acknowledgement forms staff signed indicating their understanding of the key concepts of the training material. The Random Staff interviews confirmed the staff are receiving the annual PREA training, and shared that the PREA Coordinator was consistently providing staff with any new updates, and PREA refresher information as part of their regular day-to-day duties. Some of the information provided included helping newer staff understand ways to speak to detainees to decrease inappropriate conversations, and how to stand under cameras when having one-on-one conversations.

**(d.)** NDCC policy 115.331 states, "The agency shall document, through employee signature or electronic verification, that employees understand the training they have received." The auditor was provided with a random sample of employee records that she chose which contained the staff training records. The employee records demonstrated that new hire employees received PREA training as part of the new hire training courses that are required before an employee can be placed on the floor to provide supervision to detainees. Additionally, staff had documented annual training logs that showed each staff member participated in annual PREA refresher training. The annual training logs listed the name of the training title, and had a place for the employee to sign and date when the training was received. All employee records the auditor reviewed contained these records with staff signatures. Additionally, staff with long-term employment that preceded PREA implementation, had training logs that demonstrated they were receiving training on sexual abuse and sexual assault in the preceding years. The employee training records also contained more detailed training acknowledgement forms staff signed indicating their understanding of the key concepts of the training material.

**CONCLUSIONS:**

NDCC has shown compliance with all provisions of standard 115.331.

115.332	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.332</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <p><b>DOCUMENTS:</b></p> <ul style="list-style-type: none"> <li>* Volunteer/Teacher Training Log</li> <li>* Teacher PREA Training Certificate</li> </ul> <p><b>INTERVIEWS:</b></p> <ul style="list-style-type: none"> <li>* Random Staff/Contractor or Volunteer</li> <li>* PREA Coordinator</li> </ul> <p><b>FINDINGS:</b></p> <p><b>(a.), (b.) and (c.)</b> The PREA Coordinator stated in her interview that it is the expectation of all NDCC volunteers and contractors to understand their role in the prevention, detection, and reporting of a PREA incident. The auditor interviewed a contracted teacher from the school system using the Random Staff and Volunteer/Contractor interview protocols. The Contract Staff shared in her interview that she was trained on the PREA Zero Tolerance policy as a part of her training to be able to serve the detainees of NDCC. She shared that she watched a video and discussed with the supervisory staff how to monitor detainees. She further disclosed the teachers are never left alone in the classroom with the detainees, and the detention staff manage the supervision aspects of the programming. She confirmed during her interview there were no LEP or cognitively disabled detainees in the facility at the time of the onsite audit. She confirmed she had been with the agency for 10 years, and that no incidents of a sexual abuse had occurred at NDCC during her tenure. She confirmed that she was a mandatory reporter in her role as a teacher for the State of Alabama, and she was able to explain red flags and how she would report an allegation of sexual abuse. She stated the school did not provide counselors for NDCC, but the probation office worked with NDCC to obtain mental health counseling if the risk situation warranted it. A review of the contract staff training logs demonstrated the training received included, PREA: Your Role Responding to Sexual Abuse, Zero Tolerance and Mandatory Reporting, among other items. The PREA Coordinator noted in the PAQ that during this audit period there were 4 contractors who had contact with detainees in the facility. Due to COVID restrictions that were put in place in 2020, the PREA Coordinator noted in her interview there were no volunteers currently serving detainees in the facility, but she confirmed that volunteers receive the same training as the contract staff.</p> <p><b>CONCLUSIONS:</b></p> <p>NDCC was found to be in compliance with all provisions of standard 115.332.</p>

115.333	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 328 297"><b>115.333</b></p> <p data-bbox="240 329 1026 356">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 387 399 414"><b>DOCUMENTS:</b></p> <ul data-bbox="240 445 699 701" style="list-style-type: none"> <li>* NDCC Intake Processing Signed Statement</li> <li>* NDCC Detainee PREA Rule Book</li> <li>* 115.333 Policy and Procedure</li> <li>* Zero Tolerance Policy</li> <li>* Detainee Records Reviews</li> </ul> <p data-bbox="240 732 392 759"><b>INTERVIEWS:</b></p> <ul data-bbox="240 790 520 929" style="list-style-type: none"> <li>* Intake Staff/Random Staff</li> <li>* Random Residents</li> <li>* PREA Coordinator</li> </ul> <p data-bbox="240 960 360 987"><b>FINDINGS:</b></p> <p data-bbox="240 1019 1497 1579"><b>(a.)</b> NDCC policy 115.333 states, "During the intake process, juveniles shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment." During the Random Resident interviews, each detainee reported that he had received a copy of the NDCC Guide to Preventing and Reporting Sexual Misconduct, and the NDCC Rule Book. It was observed by the auditor when reading the handbooks in combination the documents included information about the detainee's rights to be free from sexual abuse and sexual harassment, as well as contact information for reporting a sexual abuse or sexual assault that included the number to Crisis Services of North Alabama's sexual abuse hotline. The documents reviewed key definitions associated with PREA, prevention strategies, information on how to speak to attorneys, families, and the proper mail procedures. All detainees reported they were explained the Zero Tolerance Policy by intake staff during the admission/readmission process, and a review of the detainees' records showed that detainees signed an acknowledgement form confirming this. During the resident interviews the detainees were able to communicate who the PREA Coordinator and Superintendent were, different ways they could report an incident of sexual abuse or sexual harassment, and they were knowledgeable of their rights to be free from a sexual abuse while at NDCC, and from retaliation if they felt a need to report. While onsite, the auditor observed the intake process for screening a juvenile, however, the youth was not admitted to the facility, only placed in holding until her parents arrived to take her home. The Intake Staff walked me through the rest of the intake process if she had been admitted, and gave me samples of the forms and handbooks the detainees receive at admission.</p> <p data-bbox="240 1610 1497 2139"><b>(b.)</b> NDCC policy 115.333 states, "Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to juveniles either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents." During the Random Resident interviews, each detainee reported that he had received a copy of the NDCC Guide to Preventing and Reporting Sexual Misconduct, and the NDCC Rule Book. It was observed by the auditor when reading the handbooks that both included information about the detainees' rights to be free from sexual abuse and sexual harassment, as well as contact information for reporting a sexual abuse or sexual assault that included the number to Crisis Services of North Alabama's sexual abuse hotline. All detainees reported they were explained the Zero Tolerance Policy by intake staff during the admission/readmission process, and a review of the detainees' records showed that detainees signed an acknowledgement form confirming this. During the resident interviews the detainees were able to communicate who the PREA Coordinator and Superintendent were, different ways they could report an incident of sexual abuse or sexual harassment, and they were knowledgeable of their rights to be free from a sexual abuse while at NDCC, and from retaliation if they felt a need to report. During the facility tour the PREA Coordinator showed the auditor a copy of the PREA Orientation Guide in the living units/pods that staff could use to provide additional education to detainees when they are received into the unit. Interviews with the Random Staff who also serve as the Intake Staff confirmed that is it policy and practice of NDCC to provide all PREA education to the detainee during the intake process, and to make sure the detainees</p>

have copy of handbooks in their individual cells so the detainees can view the material whenever they desire.

**(c.)** NDCC policy 115.333 states, "Current juveniles who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the juvenile's new facility differ from those of the previous facility." During the Random Resident interviews, each detainee reported that he had received a copy of the NDCC Guide to Preventing and Reporting Sexual Misconduct, and the NDCC Rule Book. One detainee reported that he had just been readmitted to NDCC, and that he did not receive a copy of the handbooks, but he had received them the first time he came in a few weeks earlier. He stated that if he wanted a copy he felt confident he could ask, and the staff would give the documents to him. All detainees reported they were explained the Zero Tolerance Policy by intake staff during the admission/readmission process, and a review of the detainee's records showed that detainee's signed and acknowledgement form confirming this. The auditor communicated the lack of the handbook to the PREA Coordinator and she had staff give a copy to the detainee that day. While the acknowledgement forms were in the detainees' records and signed by staff and residents, one did not have a dated detainee signature. The auditor also reviewed the need for consistent detainee acknowledgment of the receipt of the material. Before the end of the audit, the PREA Coordinator confirmed with the auditor that she had conducted a refresher training for the staff member who had missed the client signature.

**(d.) and (e.)** NDCC policy 115.333 states, "The agency shall provide juvenile education in formats accessible to all juveniles, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to juveniles who have limited reading skills." As noted previously in the contractor/teacher interview, the auditor confirmed through the PAQ, interviews with the PREA Coordinator, and resident interviews that no detainees onsite were considered LEP, disabled, or limited in their ability to read. The PREA Coordinator and the Random Staff interviews disclosed that Madison County Juvenile Court had interpreters readily available to provide interpreter services to detainees if the need arose, which included LEP and ASL interpreters. During the Random Staff interviews it was also noted that NDCC employed a staff member who was bilingual (English/Spanish), and he shared that he often assists in translating during the intake process, and while detainees are detained. He shared that he would read the material to the detainees in their preferred language, and that Spanish translated documents were made available. All staff reported in the interviews that if there were detainee/staff communication limitations, a supervisor would be immediately notified so that the proper personnel could be brought in to assist with the situation. The staff all confirmed that the PREA education was part of the intake process that was completed prior to bringing a detainee into general population.

**(f.)** NDCC policy 115.333 states, "In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to juveniles through posters, juvenile handbooks, or other written formats." During the onsite portion of the audit, the auditor observed that NDCC had signage displayed throughout the facility, including the detainee area and the detainee pods/units, that stated their rights to be free from sexual abuse and sexual harassment, as well as contact information for reporting a sexual abuse or sexual assault that included the number to Crisis Services of North Alabama's sexual abuse hotline. During the Random Resident interviews, each detainee reported that he had received a copy of the NDCC Guide to Preventing and Reporting Sexual Misconduct, and the NDCC Rule Book. It was observed by the auditor when reading the handbooks that both included information about the detainee's rights to be free from sexual abuse and sexual harassment, as well as contact information for reporting a sexual abuse or sexual assault that included the number to Crisis Services of North Alabama's sexual abuse hotline. One detainee reported that he had just been readmitted to NDCC, and that he did not receive a copy of the handbooks, but he had received them the first time he came in a few weeks earlier. He stated that if he wanted a copy he felt confident he could ask, and the staff would give the documents to him. All detainees reported they were explained the Zero Tolerance Policy by intake staff during the admission/readmission process, and a review of the detainee's records showed that detainee's signed and acknowledgement form confirming this. During the resident interviews the detainees were able to communicate who the PREA Coordinator and Superintendent were, different ways they could report an incident of sexual abuse or sexual harassment, and they were knowledgeable of their rights to be free from a sexual abuse while at NDCC, and from retaliation if they felt a need to report. During the facility tour the PREA Coordinator showed the auditor a copy of the PREA Orientation Guide in the living units/pods that staff could use to provide additional education to detainees when they are received into the unit.

**CONCLUSIONS:**

\* NDCC was found to be in compliance with all provisions of standard 115.333

115.334	<p><b>Specialized training: Investigations</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>115.334</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <p><b>DOCUMENTS:</b></p> <ul style="list-style-type: none"> <li>* MOU with Madison County Sheriff's Department</li> <li>* Staff Mandatory Reporting/Incident Reporting Training</li> <li>* Sample of a Detainee Report and Associated Documentation</li> </ul> <p><b>INTERVIEWS:</b></p> <ul style="list-style-type: none"> <li>* Agency Head</li> <li>* Superintendent</li> <li>* PREA Coordinator</li> </ul> <p><b>FINDINGS:</b></p> <p><b>(a.), (b.) and (c.)</b> NDCC provided a copy of a signed MOU with Madison County Sheriff's Department that agreed NDCC would report all incidents of sexual misconduct to the sheriff's department, and the sheriff's department would complete all administrative and criminal investigations of sexual abuse pursuant to standard 115.371 NDCC policy and provision discussions. Interviews with the Agency Head, Superintendent, and PREA Coordinator confirmed this was the policy and practice of NDCC to refer all investigations to Madison County Sheriff's Department. Further reviews of training material by the auditor confirmed that staff are trained in incident reporting and mandatory reporting requirements, and a sample of a prior detainee's report of a sexual abuse prior to coming to the facility was reported and documented in the detainee record.</p> <p><b>CONCLUSIONS:</b></p> <p>NDCC was found to be in compliance with policy 115.334.</p>
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115.335	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 328 300"><b>115.335</b></p> <p data-bbox="240 329 1026 358">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 387 399 416"><b>DOCUMENTS:</b></p> <ul data-bbox="240 445 697 645" style="list-style-type: none"> <li>* NDCC Policy &amp; Procedure 115.335</li> <li>* Medical Staff Training Records</li> <li>* MOU with Crisis Services of North Alabama</li> <li>* MOU with Huntsville Hospital</li> </ul> <p data-bbox="240 674 392 703"><b>INTERVIEWS:</b></p> <ul data-bbox="240 732 445 815" style="list-style-type: none"> <li>* PREA Coordinator</li> <li>* Medical Staff</li> </ul> <p data-bbox="240 844 360 873"><b>FINDINGS:</b></p> <p data-bbox="240 902 1409 963"><b>(a.)</b> NDCC policy 115.335 states, "The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:</p> <ul data-bbox="240 992 1358 1191" style="list-style-type: none"> <li>a. How to detect and assess signs of sexual abuse and sexual harassment;</li> <li>b. How to preserve physical evidence of sexual abuse;</li> <li>c. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and</li> <li>d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment."</li> </ul> <p data-bbox="240 1220 1493 1720">The PREA Coordinator noted in the PAQ that NDCC staffed 1 medical and mental health provider. Upon arrival to the facility an active staff list was provided to the auditor A review of the list showed 1 nurse employed by NDCC and 0 mental health practitioners. The PREA Coordinator further shared that if a detainee was in need of supportive mental health counseling, she would notify the Agency Head who would coordinate with probation services to obtain the services of the local mental health center. The auditor conducted an interview with the NDCC nurse and confirmed that as part of her new hire and annual training, she receives training on NDCC's zero tolerance policy which includes at minimum the a. thru d. points of NDCC policy 115.335 noted above. The nurse showed the auditor her office, which had signage posted of staff reporting duties. She provided samples of her health screening documentation, and reviewed the mandatory reporting steps she took when a detainee disclosed a sexual abuse. Due to her profession she also disclosed that she is considered a mandatory reporter in the State of Alabama. The nurse further reported that NDCC has an MOU with Huntsville Hospital and in the case of a sexual abuse within the facility, the detainee would be transported to the hospital for a SAFE/SANE exam. She reported that her part would include basic first responder duties of preserving the evidence, separating the victim and perpetrator, and to preserve physical evidence by not allowing showers, food, drink, nor brushing of teeth until a full exam could be conducted. She reported she would also provide any basic first aid needed to stabilize the victim to allow for transport to the hospital.</p> <p data-bbox="240 1749 1493 1910"><b>(b.)</b> NDCC policy 115.335 states, "If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations." NDCC has a documented MOU with Huntsville Hospital and Crisis Services of North Alabama to provide all forensic exams associated with a incident of sexual abuse and sexual assault. The PREA Coordinator reported in her interview that NDCC does not employ medical staff trained to provide forensic medical exams. This was confirmed in the interview with the nurse as noted in provision (a.) of this standard.</p> <p data-bbox="240 1939 1493 2139"><b>(c.) and (d.)</b> NDCC policy 115.335 states, "The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere." The PREA Coordinator noted in the PAQ that NDCC staffed 1 medical and mental health provider. Upon arrival to the facility an active staff list was provided to the auditor A review of the list showed 1 nurse employed by NDCC and 0 mental health practitioners. The auditor conducted an interview with the NDCC nurse and confirmed that as part of her new hire and annual training, she receives training on NDCC's zero tolerance policy which includes at minimum the a. thru d. points of NDCC</p>

policy 115.335 noted above. NDCC policy 115.335 further states, "Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency." The auditor reviewed the training records for the medical staff member and confirmed that she has participated in the PREA: Your Role Responding to Sexual Abuse. Other documented training included the annual required training by the facility for staff as noted in the standard discussion of 115.331. Due to her profession she also disclosed that she is considered a mandatory reporter in the State of Alabama and has received the training as required to respond according to that role. The nurse further reported that NDCC has an MOU with Huntsville Hospital and in the case of a sexual abuse within the facility, the detainee would be transported to the hospital for a SAFE/SANE exam. She reported that her part would include basic first responder duties of preserving the evidence, separating the victim and perpetrator, and to preserve physical evidence by not allowing showers, food, drink, nor brushing of teeth until a full exam could be conducted. She reported she would also provide any basic first aid needed to stabilize the victim to allow for transport to the hospital.

**CONCLUSIONS:**

NDCC was found to be in compliance with all provisions of standard 115.335.

<b>115.341</b>	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>115.341</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <p><b>DOCUMENTS:</b></p> <ul style="list-style-type: none"> <li>* 3-JDF-3D-06-3 Policy</li> <li>* 3-JDF-4C-23 Policy</li> <li>* 115.341 Policy and Procedure</li> <li>* Revised 115.341 Policy and Procedure (part of corrective action)</li> <li>* Preadmission Intake Form</li> <li>* Detainee records, to include the Court Order, Medical Assessment, Intake Form and Staff Alerts</li> <li>* Model Risk Assessment Instrument (part of corrective action)</li> <li>* Detention Risk Assessment (part of corrective action)</li> </ul> <p><b>INTERVIEWS:</b></p> <ul style="list-style-type: none"> <li>* PREA Coordinator/Staff Responsible for Risk Screening</li> <li>* Superintendent</li> <li>* Intake Staff</li> <li>* Random Residents</li> <li>* Medical Staff</li> </ul> <p><b>FINDINGS:</b></p> <p><b>(a.) and (b.)</b> NDCC policy 115.341 revised states, "Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident."; and, "Such assessments shall be conducted using an objective screening instrument." NDCC policy 3-JDF-3D-06-3 states, "Juveniles are screened within 24 hours of arrival at the facility for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Housing assignments are made accordingly." NDCC policy 3-JDF-4c-23 states, "Written policy, procedure, and practice require health screening by health-trained or qualified health care personnel immediately upon arrival at the facility for all intrasystem transfers, with all findings recorded on a screening form approved by the health authority. The screening includes at a minimum the following:</p> <p>Inquiry into:</p> <ul style="list-style-type: none"> <li>- whether the resident is being treated for a medical, dental, or mental health problem</li> <li>- whether the resident is presently on medication</li> <li>- whether the resident has a current medical, dental, or mental health complaint</li> </ul> <p>Observation of:</p> <ul style="list-style-type: none"> <li>- general appearance and behavior</li> <li>- physical deformities</li> <li>- evidence of abuse and/or trauma</li> </ul> <p>Medical disposition of juvenile:</p> <ul style="list-style-type: none"> <li>- general population OR</li> </ul>

- general population with appropriate referral to health care service OR referral to appropriate health care service for emergency treatment"

At the time of completion of the onsite audit, the facility was not found to be in compliance with this standard. The facility had a policy that required the completion of risk screening for sexual abuse history and victimization, however, the facility did not have an objective risk screening tool in place that met all 11 criteria of part (c.) of this standard. While onsite the Random Resident, Intake Staff, and Medical Staff interviews showed the detainees were consistently being asked about their history of sexual abuse and whether they thought they might be in danger of sexual abuse while they were in NDCC. But the interviews showed a lack of information being gathered of detainees who are gay, bisexual, or transgender. During the onsite portion of the audit, a review of detainee intake and medical records showed all detainees admitted in the facility in the previous year had received some form of risk screening, however the intake screening form was an inconsistent gathering of information that could be used to establish risk for sexual abuse history, prior victimization or potential to be a perpetrator. The document provided to the auditor as the risk screening tool only contained two of the required 11 components of an objective screener as outlined in provision (c.) of this standard. A review of the medical record and medical assessment found one more component, a review of educational records found another component, and a review of the detainee's court order found another component. However, this information was not consistently found across all the detainee records. The auditor provided guidance to the PREA Coordinator through the use of FAQs on the PRC website that explained what an objective screening instrument should contain. The PREA Coordinator was also provided with the link to a recent webinar that PRC conducted on the elements contained in an objective risk screening tool. The PREA Coordinator worked with her team to update the NDCC risk screening tool. Corrective action was able to show compliance with a new risk screening process in which all 11 components of provision (c.) of this standard were obtained. Corrective action also showed the new risk screening tools are consistently completed on all detainees entering NDCC. The PREA Coordinator provided the auditor the new risk screening information on all detainees admitted to the facility post onsite audit. An interview with the PREA Coordinator indicated the facility is a short term facility and detainees are not housed more than 28 days; therefore reassessment is not indicated except on a case by case basis when new information arises that warrants reassessment. The PREA Coordinator indicated in follow-up interviews during corrective action that she would be responsible for completing the Detention Risk Assessment within 72 hours of the admission of detainees to the facility. The Model Risk Assessments, she further shared, are completed by the juvenile court and probation officers, and this information would be forwarded to the PREA Coordinator or Superintendent within 72 hours of admission to NDCC. The Agency Head is the Chief Probation Officer and can facilitate the transfer of this information between agencies.

**(c.) and (d.)** NDCC Policy 115.341: Obtaining Information From Residents states, "At a minimum, the agency shall attempt to ascertain information about:

- 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."; and, "This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files."

As stated in provisions (a.) and (b.) of this standard, as part of the corrective action of the facility, the PREA Coordinator worked with her team to develop a risk screening process that included all 11 elements of this provision of the PREA standard. The auditor provided guidance to the PREA Coordinator through the use of FAQs on the PRC website that explained what an objective screening instrument should contain. The PREA Coordinator was also provided with the link to a recent webinar that PRC conducted on the elements contained in an objective risk screening tool. The PREA Coordinator

confirmed that through the use of the Model Risk Assessment, the Detention Risk Assessment, information obtained in the Intake Medical Screening, and additional information provided by the education department, the facility is able to ascertain risk on all of the following items: (1) Prior sexual victimization or abusiveness; (2) 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; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. The auditor reviewed the new forms as they were completed on detainees admitted after the onsite portion of the audit.

**(e.)** NDCC policy 115.341 states, "The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents." While onsite the auditor observed that all detainee records that contained screening information we stored in locked filing cabinets accessible by administrative staff such as the Agency Head, Superintendent, and PREA Coordinator. Additional medical screening information was found in locked filing cabinets in the nurse's office. The information that was relevant to detention staff supervision of detainees was documented on a staff alert form and posted on the unit/pod in the log book. The auditor was able to observe this process while onsite and confirmed with Random Staff interviews that the staff alerts were how they were informed of relevant supervision needs of the detainees. Examples noted for current detainees included suicide risk.

**CONCLUSIONS:**

NDCC was found to be in compliance with all provisions of standard 115.341. See the individual provision discussions for corrective action measures taken throughout the audit process.

115.342	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 328 297"><b>115.342</b></p> <p data-bbox="240 331 1026 358">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 389 397 416"><b>DOCUMENTS:</b></p> <ul data-bbox="240 445 863 645" style="list-style-type: none"> <li>* 3-JDF-2C-02-1 Policy</li> <li>* 3-JDF-3E-05 Policy</li> <li>* 115.342 Policy and Procedure</li> <li>* Detainee records that included Risk Screens and Staff Alerts</li> </ul> <p data-bbox="240 676 392 703"><b>INTERVIEWS:</b></p> <ul data-bbox="240 732 679 1043" style="list-style-type: none"> <li>* PREA Coordinator/PREA Screener</li> <li>* Intake Staff</li> <li>* Superintendent</li> <li>* Staff who Supervise Residents in Isolation</li> <li>* Medical Staff</li> <li>* Random Residents</li> </ul> <p data-bbox="240 1075 360 1102"><b>FINDINGS:</b></p> <p data-bbox="240 1133 1493 1895"><b>(a.)</b> NDCC policy 115.342 states, "The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse." The PREA Coordinator shared in her interview that the PREA risk screening information identified in 115.341 is used to make housing, bed, program, education and work assignments. She described that there are 6 housing units/pods with 8 single cell units in each pod. The pods are divided by male and female units. The information she further shared is used to place detainees in gender specific pods, and staff alerts may be completed to alert staff to any potential risk factors that may be relevant to the supervision of detainees in the pods. The PREA Coordinator shared that NDCC does not use isolation, but may use cell restriction in the event that a detainee is at risk. She further shared that detainees on cell restriction participate in regular programming that includes education and work assignments. If a detainee risk is high enough to warrant cell restriction, she said this will never exceed a 72-hour time limit; and again, the detainee is allowed to participate in all programming. The detainee may be given a special staff assignment to monitor the daily activities, or the activities may be given during special times that rotate from being placed with the general population. The PREA Coordinator shared that she is primarily responsible for completing the risk screenings, and that she and the Superintendent will make any special housing assignments for detainees. Interviews with the Intake Staff confirmed this was the process used for implementing the risk findings identified in the screening process. During the onsite audit the auditor observed the layout of the facility pods and cells. It was noted that there were no isolation units in the facility, and the staff confirmed that they only use room restriction when risks were identified, and the detainees maintain regular schedules and programming even when on restriction. A review of the detainee records and the housing unit assignments confirmed that detainee pods are assigned by male/female status, and that Staff Alerts were utilized to notify staff of risks. While onsite there were no identified detainees who were placed in isolation, or were identified at risk for sexual abuse as a victim or perpetrator. There were examples of staff alerts for other risk factors noted in the detainee records that resulted in room restrictions and special monitoring. The protocol included more frequent documented room checks by the detention staff, and check-ins by the nurse when warranted.</p> <p data-bbox="240 1926 1493 2157"><b>(b.)</b> NDCC policy 115.342 states, "Residents may be 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. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible." NDCC policy 3-JDF-3E-05 states, "Residents placed on room restriction are provided living conditions and rights approximating those available to the general resident population, unless there is clear and substantial justification for</p>

an exception and approval is secured from the director of detention care services or his/her designee. The individual program plan for the resident should usually include going to the dining room, medical appointments as needed and daily exercise. Other program activities (e.g., library, classroom, or audio visual room) should be included in the plan if possible." The PREA Coordinator noted in the PAQ that there were no incidents of isolation during the previous 12 months for detainees who were at risk of sexual abuse as a victim or a perpetrator. While onsite the PREA Coordinator confirmed there were no identified detainees who were placed in isolation, or were identified at risk for sexual abuse as a victim or perpetrator. She further stated that room restriction will never exceed a 72-hour time frame. There were examples of staff alerts for other risk factors noted in the detainee records that resulted in room restrictions and special monitoring, such as suicide risk, or fighting risk. The protocol included more frequent documented room checks by the detention staff, and check-ins by the nurse when warranted. As noted in provision (a.) of this standard, detainees were allowed to participate in regular programming, including daily exercise and large muscle movement. Interviews with the Random Staff reported that isolation is not used in the facility, and they confirmed the previously stated protocols for supervision and monitoring as noted in this standard provision and provision (a.).

**(c.)** NDCC policy 115.342 states, "Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive." NDCC policy 3-JDF-2C-02-1 states, "Written policy, procedure, and practice provide that single occupancy rooms shall be available when indicated for the following: residents with severe medical disabilities; residents suffering from serious mental illness; sexual predators; residents likely to be exploited or victimized by others; residents who have other special needs for single housing"; and, "All sleeping rooms in the facility are single occupancy rooms which alleviate the necessity of classifying residents according to any special requirements for purposes of assignments to sleeping rooms." During the PREA Coordinator interview she stated that NDCC does not have special housing for detainees who are lesbian, gay, transgender, or intersex. She reported that the housing units/pods were separated by male/female only, and that each detainee had his/her own cell within the unit that did not have to be shared with another detainee. The PREA Coordinator and the Random Staff interviews confirmed that if a special circumstance arose that warranted further separation, a detainee could be placed in a pod by him/herself with a special staff member assigned to supervise the detainee and escort them to daily programming activities. The PREA Coordinator reported there were no detainees who were lesbian, gay, transgender, or intersex. The auditor confirmed this during the Random Resident interviews, and through detainee intake screening documentation reviews while onsite.

**(d.)** NDCC policy 115.342 states, "In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems." During the PREA Coordinator interview she stated that NDCC does not have special housing for detainees who are transgender or intersex. She reported that the housing units/pods were separated by male/female only, and that each detainee had his/her own cell within the unit that did not have to be shared with another detainee. The PREA Coordinator and the Random Staff interviews confirmed that if a special circumstance arose that warranted further separation, a detainee could be placed in a pod by him/herself with a special staff member assigned to supervise the detainee and escort them to daily programming activities. The PREA Coordinator reported there were no detainees who are transgender or intersex. The auditor confirmed this during the Random Resident interviews, and through detainee intake screening documentation reviews while onsite. When interviewing the different Random Staff, it was noted that in the distant past, a detainee was biologically one gender, but identified as another. The detainee was placed in the unit as the detainee identified with no special housing noted and no safety issues noted. The Random Staff reported the detainee participated in regular programming and activities. The Random Staff further stated that because the showers are provided individually and all other detainees are locked in individual cells during this timeframe, the housing assignment did not present an issue. Also, as noted previously, the cells are single person occupancy, which limited any other safety and security risks for this individual. Due to the length of time since this episode of detainment, the staff member could not recall who the detainee was, nor how long it had been, and the recollection was anecdotal in nature. The Random Staff interviews further indicated that any special housing needs, such as the one noted previously in this provision, would be made by the Superintendent.

**(e.)** NDCC policy 115.342 states, "Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident." The PREA Coordinator reported during her interview that NDCC is a short term facility, and the average length of stay is 28 days or less. A review of the detainee records confirmed the detainees are placed in NDCC for a short-term basis. The PREA Coordinator and the Intake Staff who assist in screening confirmed that if NDCC were to house detainees on a more long-term basis, it is policy to reassess them at least twice a year. It was also noted during the resident record reviews that detainees receive risk screening every time they enter/re-admit to the facility.

**(f.)** NDCC policy 115.342 states, "A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration." As noted in provision (d.) Random Staff interview, staff do consider the the detainee's views when making housing and programming assignments. The Random Staff interviews supported the Superintendent would be

responsible for any special housing decisions that fall this provision. The PREA Coordinator, who is also responsible for completing the risk screening form and based on corrective action feedback from the auditor, updated the risk screening form as noted in standard 115.341 provision discussions. With the update to new Detention Risk Assessment, all detainees are asked about their own views of safety, and this is taken into consideration for all placement and programming decisions. During the onsite portion of the audit, it was reported there were no transgender nor intersex detainees in the facility. This was confirmed during the Resident interviews and through reviews of the detainee records.

**(g.)** NDCC policy 115.342 states, "Transgender and intersex residents shall be given the opportunity to shower separately from other residents." All staff and all detainees reported during the interviews that all detainees were allowed to shower separately from other detainees. The auditor observed the showers in each pod and noted that all showers were single occupancy and had a solid door with no windows that detainees were allowed to lock from the inside. (Staff supervisors had emergency keys to get in if needed.) It was also noted in the Random Staff and Resident interviews that during shower time, all detainees are locked in the individual cells, and detainees are released one at a time to enter the showers.

**(h.)** NDCC policy 115.342 states, "If a resident is isolated pursuant to paragraph (2) of this section, the facility shall clearly document:

- a. The basis for the facility's concern for the resident's safety; and
- b. The reason why no alternative means of separation can be arranged."

As previously noted in provision (b.) discussion, and by the PREA Coordinator interview, NDCC does not use isolation for detainees. The staff may use room/cell restriction if a safety risk is noted through Staff Alerts completed by the Superintendent or PREA Coordinator. During the Random Staff interviews it was noted that if the safety risk noted on the Staff Alert was of a sensitive nature, then 'other' would be used to note the alert reason. Staff reported they would provide 15 minute checks when special alerts were noted.

**(i.)** NDCC policy 115.342 states, "Every 30 days, the facility shall afford each resident described in paragraph (8) of this section a review to determine whether there is a continuing need for separation from the general population." The PREA Coordinator confirmed that isolation is not used at NDCC for separating detainees from general population. NDCC, she reported, uses room/cell restriction that is never to exceed 72 hours. The PREA Coordinator also reported that NDCC is a short term facility and that the detainees' average length of stay is 28 days or less. See provision (h.) for Random Staff feedback on how detainee's are supervised when on room/cell restriction.

**CONCLUSIONS:**

NDCC was found to be in compliance with all provisions of 115.342.

115.351	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 328 297"><b>115.351</b></p> <p data-bbox="242 331 1026 358">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 387 399 414"><b>DOCUMENTS:</b></p> <ul data-bbox="242 443 919 873" style="list-style-type: none"> <li>* 115.351 Policy &amp; Procedure</li> <li>* 115.351 C-1 Immigration Memo</li> <li>* Staff PREA Training Certificate</li> <li>* Incident Report Training</li> <li>* Incident Reports and Grievance Logs</li> <li>* NDCC Rule Book</li> <li>* NDCC Guide to Preventing and Reporting Sexual Misconduct</li> <li>* Signage with Reporting Guidelines and the CSNA Hotline Number</li> </ul> <p data-bbox="242 902 394 929"><b>INTERVIEWS:</b></p> <ul data-bbox="242 958 445 1160" style="list-style-type: none"> <li>* Agency Head</li> <li>* PREA Coordinator</li> <li>* Random Staff</li> <li>* Random Resident</li> </ul> <p data-bbox="242 1189 360 1216"><b>FINDINGS:</b></p> <p data-bbox="242 1245 1489 2145"><b>(a.)</b> NDCC policy 115.351 states, "The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents." As part of the onsite tour, the auditor noted that signage was posted throughout the facility, including the detainee programming areas and the individual units/pods that promoted sexual safety and reporting, and gave the hotline number for reporting a sexual abuse. The auditor also observed a grievance box in the main hallway where detainees had easy access, with a hanging file box that contained blank grievance forms that were readily available for residents to take as needed. The auditor observed in the detainees' NDCC Rule Book a section was devoted to the steps the residents could take to complete informal and formal grievances. The Rule Book encouraged detainees to talk to the staff to see if the grievance could be handled on their own, but if the situation needed to be formally addressed, the detainee could fill out a Grievance Request Form. It was observed that the NDCC Rule Book also provided details on how the residents could send and receive mail, use the phone, obtain visitation, and talk to their attorneys. The auditor further read in the NDCC Guide to Preventing and Reporting Sexual Abuse has a section devoted to "Reporting Procedures". Information provided in this section included reasons to report, reporting to staff, anonymous reporting on a grievance form, or calling the crisis hotline (with the number provided). During the Random Resident interviews the detainees reported they were given copies of the two handbooks noted above at intake, and were allowed to keep this information in their personal items in their cells. The residents further reported that they are informed as part of the intake process their right to be free from sexual harassment and sexual abuse, their right to privately report a sexual abuse, and their right to be free from retaliation for making a report, including staff neglect that may have contributed to the incident. Detainees shared in their interviews they receive nightly phone calls with their legal guardians, and the calls are private because it is during shower time when the other detainees are locked in the cells. The felt this would be a time they could make a private call. Detainees further stated they could ask to speak to a staff they trusted privately, including any staff supervisor, PREA Coordinator, or the Superintendent and that person would be notified immediately, and would be allowed a private call from a supervisors office to contact the hotline number. The detainees shared they can request a visit from their attorneys at anytime, and they can request to speak to their probation officers, and will get a response very quickly. Detainees were aware they could write private letters if needed, but most stated they have such frequent communication with others by phone, that they didn't feel the need to write letters. The Random Staff interviews supported the types of reporting noted above that were available to detainees and to staff. The staff further shared they would immediately notify a supervisor</p>

if a detainee made a report, or asked for a private call or to speak to a supervisor. The staff noted that if a detainee wanted to make a private call to the hotline, the other detainees would be placed in their cells to allow privacy for the detainee to make a call, but most often, the detainee would be taken to a private supervisor's office to make the call.

**(b.)** NDCC policy 115.351 states, "The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security." The Agency Head reported in the interview that NDCC does not house detainees for civil immigration purposes. A memo of record was signed by the Superintendent stating NDCC does not detain juveniles solely for civil immigration purposes. As noted in provision (a.) of this standard, detainees reported in their interviews that they could ask to speak to a staff or supervisor, and would be taken to a private office where a report and private phone call could be made. The NDCC Guide to Preventing and Reporting Sexual Abuse has a section devoted to "Reporting Procedures". Information provided in this section included reasons to report, reporting to staff, anonymous reporting on a grievance form, or calling the crisis hotline (with the number provided). During the Random Resident interviews the detainees reported they were given copies of the two handbooks noted above at intake, and were allowed to keep this information in their personal items in their cells. The auditor observed in the detainees' NDCC Rule Book a section was devoted to the steps the residents could take to complete informal and formal grievances, which included making an anonymous written grievance and placing it in the grievance box. The Random Staff interviews confirmed that all NDCC staff are considered mandatory reporters, and once a report is received, the supervisors would immediately be informed, and the proper agencies would be notified of the allegation. NDCC has a signed MOU with Crisis Services of North Alabama who provides the hotline support number, as well as rape advocate services. The auditor tested the hotline number and was able to reach CSNA. CSNA receives the report and communicates it to the Agency Head and the mandatory reporting agencies.

**(c.)** NDCC policy 115.351 states, "Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports." The Random Staff interviews showed the detention staff are trained on the mandatory reporting laws of Alabama, and have access to blank forms to make written reports. A review of the staff training logs showed the incident report training is an annual required training that staff must complete. Samples of the training material were provided to the auditor by the PREA Coordinator, and include steps to take to notify allegations of a sexual abuse to the proper agencies, and to immediately notify the Superintendent. Staff shared in their interviews that detainees could write a grievance and give it staff, or put it in the grievance box anonymously, or verbally tell a staff member what happened. Detention staff reported that all calls coming through Master Control that include a third party grievance are immediately forwarded to the Agency Head or the Superintendent. The Agency Head noted in his interview that third party reports, and anonymous reports are given the same weight as a verbal or written report and would be forwarded to the proper agencies. During this audit period, the PREA Coordinator noted there were no reports of a sexual abuse by a detainee, anonymously, or by a third party. The auditor reviewed the incident reports and grievance logs and confirmed no reports of a sexual abuse, but was able to see documentation that showed how the progression of a grievance and the outcome were documented and handled by the facility.

**(d.)** NDCC policy 115.351 states, "The facility shall provide residents with access to tools necessary to make a written report." The auditor observed in the detainees' NDCC Rule Book a section was devoted to the steps the residents could take to complete written formal grievances. The Rule Book gave detainees steps fill out a Grievance Request Form. It was observed that the NDCC Rule Book also provided details on how the residents could send and receive mail. During the Random Resident interviews, detainees reported they were informed of ways to report, including written reports during the intake process, and detainees received the handbooks at intake and could keep them on their person or in their cell for access when needed. During the onsite portion of the audit, the auditor observed the grievance box, with a hanging file folder that held blank grievance forms for detainees to access at any time.

**(e.)** NDCC policy 115.351 states, "The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents." During the Random Staff interviews, the staff noted they could make a private report to their immediate supervisor, the PREA Coordinator, or the Superintendent at anytime. The staff were also aware through signage in the intake office, in master control, and throughout the facility of steps for reporting, including the Crisis Service hotline number. The staff reported they are trained in mandatory reporting duties, and had agency numbers they could use to make a formal report, or an anonymous/private report if needed. The staff reported in their interviews that NDCC was supportive of the staff and detainees' rights to make a report of sexual abuse without consequence or fear of retaliation.

**CONCLUSIONS:**

NDCC was found to be in compliance with all provisions of standard 115.351.

115.352	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 328 297"><b>115.352</b></p> <p data-bbox="240 331 1026 358">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 387 397 414"><b>DOCUMENTS:</b></p> <ul data-bbox="240 443 740 757" style="list-style-type: none"> <li>* 115.352 Policy &amp; Procedure</li> <li>* Compliance Procedures to 115.352</li> <li>* MOU with Madison County Sheriff's Department</li> <li>* Resident Grievance Form</li> <li>* NDCC Resident PREA Handbook</li> <li>* NDCC Resident Rule Book</li> </ul> <p data-bbox="240 786 392 813"><b>INTERVIEWS:</b></p> <ul data-bbox="240 842 443 1043" style="list-style-type: none"> <li>* Agency Head</li> <li>* Superintendent</li> <li>* PREA Coordinator</li> <li>* Higher Level Staff</li> </ul> <p data-bbox="240 1072 360 1099"><b>FINDINGS:</b></p> <p data-bbox="240 1133 1493 1460"><b>(a.)</b> NDCC policy 115.352 states, "An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse." The Superintendent and the PREA Coordinator reported in their interviews that NDCC refers all allegations of sexual abuse and sexual harassment to the Madison County Sheriff's Department for investigation. The Superintendent stated that he will be the recipient of all reports within the facility and that he and the Agency Head will investigate allegations of sexual harassment, and those that are not deemed unfounded are forwarded to Madison County Sheriff's Department for investigation. NDCC has a signed MOU with Madison County Sheriff's Department that states NDCC will report all allegations of sexual abuse and sexual harassment to the sheriff's department, and the sheriff's department will investigate and provide communication to the facility of the outcome. A memo of compliance states that all resident grievances are responded to within 24 hours of receipt to the Detention Supervisor, even if the response is to notify the residence that the grievance was forwarded to the sheriff's office.</p> <p data-bbox="240 1489 1445 1552"><b>(b.)</b> NDCC policy 115.352 states, " a. The agency shall not impose a time limit on when a resident may submit grievance regarding an allegation of sexual abuse.</p> <p data-bbox="240 1581 1457 1644">b. The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.</p> <p data-bbox="240 1673 1437 1736">c. The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p data-bbox="240 1765 1461 1827">d. Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired."</p> <p data-bbox="240 1856 1482 2150">A review of the NDCC Rule Book speaks to the everyday rules and conduct expectations of detainees while residing in this facility. The Rule Book contains a section on grievances that does say staff and detainees try to resolve problems informally, but if solutions cannot be reached, the use of the grievance form can be utilized. However, the NDCC Guide to Preventing and Reporting Sexual Misconduct (the detainee PREA handbook) does not include such language. The detainee PREA handbook informs detainees to report directly to staff, report confidentially with the grievance form, or call the crisis hotline. The compliance memo to standard 115.352 states, "This agency shall forward all allegations of sexual abuse to Madison County Sheriff Department for investigation. There will be no time limit for the reporting of sexual abuse." An interview with the Higher Level staff member indicated that the grievance box is checked daily, and all grievances are reviewed and forwarded to the Superintendent. Informal grievances that can be managed in house, such as food complaints or staff</p>

complaints, are reviewed by the shift supervisors and a response is provided to the detainee within 24 hours. All allegations of a sexual abuse are turned over to the Superintendent for review and submission to the Madison County Sheriff's Department. The detainee interviews supported they received a copy of the handbooks referenced in this section at intake, and were informed of ways to report as part of the admission consent.

**(c.)** NDCC policy 115.352 states, "The agency shall ensure that—

- a. A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and
- b. Such grievance is not referred to a staff member who is the subject of the complaint."

The Superintendent and the PREA Coordinator both reported in their interviews that detainees have multiple ways to report, and are never required to give a grievance to the staff member who is the subject of the complaint. Further, the Superintendent shared the grievance would not be referred to the staff member who was the subject of the complaint. He stated the grievance would be forwarded to the Madison County Sheriff's Department for investigation. In the detainee interviews, the residents shared multiple ways they can report which did not include telling the staff member who was the subject of the complaint. Further the detainees stated that if they felt their safety was at risk, they could ask for a supervisor, or any other staff member to intervene and it would happen.

**(d.)** NDCC policy 115.352 states, "a. The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

- b. Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.
- c. The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.
- d. 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, the resident may consider the absence of a response to be a denial at that level."

The NDCC policy practice states the detainee will receive a response within 24 hours of submission of the grievance, as noted in provision (a.) of this standard discussion, even if the response is to inform them the grievance has been turned over to the sheriff's department for investigation. The compliance memo further states, "An extension may be filed of up to 70 days if required. The resident will be notified in writing of this extension. The resident shall be kept abreast of the investigation throughout all stages." The NDCC PREA Handbook for detainees states, "All reported incidents will be investigated. Keep in mind a thorough investigation takes time. The investigation must clearly support or refute any allegations with evidence, information gathering from witnesses, and reviewing documentation." The PAQ completed by the PREA Coordinator indicated there were no grievances submitted during this audit period for a sexual abuse. The auditor reviewed the archived grievances and incident reports kept in the PREA Coordinator's office, and confirmed no such documented reports. During the resident interviews, now detainee who had reported a sexual abuse was identified.

**(e.)** NDCC policy 115.352 states, "a. Third parties, including fellow residents, staff members, family members attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.

- b. 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.
- c. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.
- d. A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf."

The Agency Head shared that all third party reports or grievances are transferred straight to his office for review, and he will accept any report as a credible allegation and follows the same process for investigation as if the detainee filed it. He further shared that the report submission is not dependent upon the detainee agreeing the report be filed on his or her behalf. The Random Staff interviews and discussions with Master Control staff who manage the phones supported that all incoming third party reports and grievance calls are forwarded to the Agency Head. The Agency Head further shared that he will forward all allegations of sexual abuse he receives, even from a third party report, to the Madison County Sheriff's Department. The

Random Staff and Resident interviews supported that detainees could receive assistance from anyone to file a grievance. The detainees reported they receive nightly phone calls to their families and could tell them to call their probation officers, and they can request at anytime to speak to their attorney or probation officer. The Random Staff confirmed in their interviews, that if a detainee requested contact with a third party outside the detention center, this request would be reported to the supervisor on duty to fulfill the request. The detainees were all able to communicate to the auditor the crisis hotline number is posted near the phones so they can use this as a point of contact to file a grievance, as well.

**(f.)** NDCC policy 115.352 states, "a. The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

b. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance."

It should be noted again that NDCC has an MOU with Madison County Sheriff's Department to complete all administrative and criminal investigations of a sexual misconduct. The Superintendent shared that all emergency grievances are addressed immediately that involve the risk of imminent sexual abuse. He further shared that all grievances receive an initial response within 24 hours of submission, even if the response is to notify the detainee the grievance has been forwarded to the sheriff's department for investigation. He shared immediate action would be taken to secure the detainee in a safe area, including but not limited to a supervisory staff's office, the locked single occupancy cell of the detainee, or removal from the unit/pod to another pod. The NDCC PREA Handbook for detainees states, "All reported incidents will be investigated. Keep in mind a thorough investigation takes time. The investigation must clearly support or refute any allegations with evidence, information gathering from witnesses, and reviewing documentation." The compliance memo on record for 115.352 states, "The resident shall be kept abreast of the investigation throughout all stages." The PAQ completed by the PREA Coordinator indicated there were no grievances submitted during this audit period for a sexual abuse. The auditor reviewed the archived grievances and incident reports kept in the PREA Coordinator's office, and confirmed no such documented reports. During the resident interviews, now detainee who had reported a sexual abuse was identified.

**(g.)** NDCC policy 115.352 states, "The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith." The detainee PREA Handbook received during the intake process states, "Any juvenile offender who fails to cooperate or who otherwise takes action to obstruct an investigation, including false or misleading information, may be subject to disciplinary actions, up to and including, referral for criminal prosecution...False allegations can hurt the victim and the accused and you can face possible disciplinary action." The Superintendent shared in his interview that he will work with Agency Head, who is also the Chief Probation Officer, to review the allegations and incidents of a sexual abuse, and if a false allegation is clearly indicated, the juvenile court system will review the need for possible sanctions. Discipline within the facility is noted in the compliance memo for 115.352 as follows, "This agency shall discipline a resident for filing a bad faith grievance. This discipline shall consist of room restriction and loss of privileges and determined on a case by case basis."

**CONCLUSIONS:**

NDCC was found to be in compliance with all provisions of standard 115.352.

115.353	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 328 297"><b>115.353</b></p> <p data-bbox="240 331 1026 358">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 387 399 414"><b>DOCUMENTS:</b></p> <ul data-bbox="240 443 734 645" style="list-style-type: none"> <li>* 115.353 Policy &amp; Procedure</li> <li>* MOU with Crisis Services</li> <li>* Hotline Poster used in facility and housing units</li> <li>* PREA Rule Book</li> </ul> <p data-bbox="240 674 394 701"><b>INTERVIEWS:</b></p> <ul data-bbox="240 730 520 931" style="list-style-type: none"> <li>* Random Resident</li> <li>* Agency Head</li> <li>* PREA Coordinator</li> <li>* Random Staff/Intake Staff</li> </ul> <p data-bbox="240 960 360 987"><b>FINDINGS:</b></p> <p data-bbox="240 1016 1485 1547"><b>(a.)</b> NDCC policy 115.353 states, "The facility shall 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible." The procedural component of NDCC policy 115.353 states, "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. 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."</p> <p data-bbox="240 1576 1485 2074">NDCC has a signed MOU with Crisis Services of North Alabama to provide victim advocate and emotional support services. NDCC posts signage throughout the facility that contains the hotline phone number for CSNA, as observed by the auditor onsite. The auditor tested the hotline number and was directly connected to CSNA. A review of CSNA's website indicated the following services are available to victims, "CSNA's Sexual Assault Response Coordinator is available to provide crisis counseling, emotional support, medical advocacy at the time of the forensic exam and court advocacy. We provide a Sexual Assault Support Group once a week for adult survivors of any gender. If you are interested in learning more about our sexual assault services contact our HELPLine at 256-716-1000 and ask to speak to a Sexual Assault Response Advocate." The PREA Coordinator reported in the PAQ there were no incidents of sexual abuse at NDCC during this audit period. The auditor interviewed all 6 admitted detainees while onsite and none reported a sexual abuse, however all detainees were aware of the hotline number and how to contact a victim advocate if needed. The detainees further reported they are able to make nightly phone calls in private, as this occurs during shower times when the other detainees are on lockdown. The detainees stated if they wanted privacy from the detention staff, they would ask to speak to a supervisor on duty and access a private call that way. A review of the detainee PREA Handbook also includes the hotline number, and the detainees reported receiving the handbook during the intake process. The Agency Head reported in his interview that NDCC does not house juveniles for civil immigration purposes.</p> <p data-bbox="240 2103 1485 2161"><b>(b.)</b> NDCC policy 115.353 states, "The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with</p>

mandatory reporting laws." Interviews with the PREA Coordinator and Random Staff, who also serve as Intake Staff, reported that as part of the admission consent process with new detainees, the detainees are informed of the limits of confidentiality, which includes reporting sexual abuse to the Madison County Department of Human Resources. The NDCC PREA Handbook given to detainees at time of admission clearly states that all reported incidents of sexual abuse will be investigated. During the Random Resident interviews, no detainees who reported a sexual abuse were identified, but the detainees were aware that staff would report their grievances of sexual abuse to DHR. A review of the archived incident reports demonstrated a sample of a report that was made after a detainee disclosed a sexual abuse that occurred prior to admittance to NDCC during the intake screening process.

**(c.)** NDCC policy 115.353 states, "The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements." NDCC has a signed MOU with Crisis Services of North Alabama to provide victim advocate and emotional support services. NDCC posts signage throughout the facility that contains the hotline phone number for CSNA, as observed by the auditor onsite. The auditor tested the hotline number and was directly connected to CSNA. A review of CSNA's website indicated the following services are available to victims, "CSNA's Sexual Assault Response Coordinator is available to provide crisis counseling, emotional support, medical advocacy at the time of the forensic exam and court advocacy. We provide a Sexual Assault Support Group once a week for adult survivors of any gender. If you are interested in learning more about our sexual assault services contact our HELPLine at 256-716-1000 and ask to speak to a Sexual Assault Response Advocate."

**(d.)** NDCC policy 115.353 states, "The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians." During the resident interviews, detainees reported they receive nightly phone calls with their family that is private because the calls occur during shower time when the other detainees are on lockdown in their cells. Detainees further reported they can request a call with their attorney at any time, and the request would be granted. The detainees also stated they could request to speak to their juvenile probation officers, who work in the same building where the detention center is housed, and the request will be granted. An interview with the PREA Coordinator also confirmed that requests to speak to an attorney or probation officer by a detainee is never denied. The Random Staff interviews confirmed the detainees receive nightly calls to their families, and the detention staff will notify Master Control to contact the juvenile court when requests are made for legal representation.

**CONCLUSIONS:**

NDCC was found to be in compliance with all provisions of standard 115.353.

115.354	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 328 297"><b>115.354</b></p> <p data-bbox="240 331 1026 358">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 387 399 414"><b>DOCUMENTS:</b></p> <ul data-bbox="240 443 1096 584" style="list-style-type: none"> <li>* Compliance Statement to 115.354</li> <li>* NDCC website: <a href="https://www.madisoncountyal.gov/services/juvenile-detention-center">https://www.madisoncountyal.gov/services/juvenile-detention-center</a></li> <li>* Zero Tolerance Policy</li> </ul> <p data-bbox="240 616 394 642"><b>INTERVIEWS:</b></p> <ul data-bbox="240 672 399 757" style="list-style-type: none"> <li>* Agency Head</li> <li>* Random Staff</li> </ul> <p data-bbox="240 788 360 815"><b>FINDINGS:</b></p> <p data-bbox="240 844 1493 1274">(a.) A compliance memo for standard 115.354 states, "This facility will receive and process all third party reports of sexual abuse and sexual harassment. How to support these incidents shall be explained to the resident upon admission to the facility. Informational pamphlets and posters are located throughout the detention area listing hotline phone numbers. Third part reports can be done through incident reporting process, grievance reporting process, or through word of mouth reporting. All reports will be documented and investigated as necessary." The Zero Tolerance Policy posted on the NDCC website states, "Family members or outside community members who suspect sexual assault of resident while in the facility can also make a report by contacting Neaves-Davis staff, through the crisis hot line, or in writing. All allegations will be investigated thoroughly." A review of the NDCC website: <a href="https://www.madisoncountyal.gov/services/juvenile-detention-center">https://www.madisoncountyal.gov/services/juvenile-detention-center</a> showed the Zero Tolerance Policy was clearly posted, and the website clearly displayed the names, titles and phone numbers of the facility administrative staff. The Agency Head confirmed in his interview that all third party communications received at NDCC are forwarded to his office. The Random Staff communicated in their interviews that all incoming calls to the facility go through Master Control, and they are trained to immediately forward any third party reports or grievances to the Chief Probation Officer, who also serves as the NDCC Agency Head.</p> <p data-bbox="240 1305 419 1332"><b>CONCLUSIONS:</b></p> <p data-bbox="240 1361 1011 1388">NDCC was found to be in compliance with the provision of standard 115.354.</p>

115.361	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 327 297"><b>115.361</b></p> <p data-bbox="240 329 1026 356">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 387 397 414"><b>DOCUMENTS:</b></p> <ul data-bbox="240 445 1096 757" style="list-style-type: none"> <li>* 115.361 Policy &amp; Procedure</li> <li>* Mandatory Reporting Policy</li> <li>* Sample of Completed Mandatory Reporting Form</li> <li>* Intake Form</li> <li>* Medical Health Assessment Form</li> <li>* NDCC website: <a href="https://www.madisoncountyal.gov/services/juvenile-detention-center">https://www.madisoncountyal.gov/services/juvenile-detention-center</a></li> </ul> <p data-bbox="240 788 392 815"><b>INTERVIEWS:</b></p> <ul data-bbox="240 846 520 1046" style="list-style-type: none"> <li>* Superintendent</li> <li>* PREA Coordinator</li> <li>* Intake Staff/Random Staff</li> <li>* Medical Staff</li> </ul> <p data-bbox="240 1077 360 1104"><b>FINDINGS:</b></p> <p data-bbox="240 1135 1493 1462"><b>(a.)</b> NDCC policy 115.361 states, "The agency shall 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation." The procedures for this policy further state, "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.</p> <p data-bbox="240 1494 1493 1619">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.</p> <p data-bbox="240 1650 1473 1843">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.</p> <p data-bbox="240 1874 1410 1937">All reports of sexual abuse and sexual harassment including third party and anonymous reports shall be forwarded to designated investigative authorities."</p> <p data-bbox="240 1968 1493 2157">A review of training material identified a written mandatory reporting policy that outlines the requirements of reporting for staff of NDCC in accordance with policy 115.361 provisions. A review of the training logs shows the staff receive mandatory reporting training as part of the Sexual Abuse/Sexual Assault annual training. In the Random Staff interviews (who are also all trained in the intake process) it was reported that staff are required to immediately report any detainee disclosures of sexual abuse or sexual assault, even if the incident occurred prior to the detainee being placed in NDCC. At the time of the onsite portion of the audit, there were no clients identified as having reported a sexual abuse or sexual assault. However,</p>

through interviews of staff, a recent report was identified and the auditor was able to see the documentation and notification to Madison County Department of Human Resources for a detainee who reported a sexual abuse prior to entering the facility. The report was made within 24 hours of the detainee disclosure. The PREA Coordinator shared in her interview that it was common for staff to receive reports of sexual abuse prior to placement at NDCC, and that her staff are trained to notify Madison County Department of Human Resources before the end of their shift, and to complete the Mandatory reporting Form. The Random Staff reported that most disclosures are received as part of the intake process, and the Nurse indicated she received disclosures as well when she is completing the medical health intake form. While onsite, the auditor observed the mandatory reporting policy posted in all offices where staff have access to phones to make such reports; even the kitchen where staff have minimal interaction with detainees. The Random Staff also reported in the interviews they are trained on non-retaliation as it relates to reporting. The staff stated they felt comfortable making reports without fear of any repercussions for themselves or the detainees. Contact with Madison County Department of Human Resources verified that they regularly receive Mandatory Reports from NDCC staff on allegations of sexual abuse that happened prior to entry to NDCC.

**(b.)** NDCC policy 115.361 states, "The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws." See discussion related to provision (a.) of this standard for relevant details.

**(c.)** NDCC policy 115.361 states, "Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be 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." The Random Staff who also serve in the role of Intake Staff shared they receive training on confidentiality of reporting. In the Mandatory Reporting Policy it is noted that reports staff receive will immediately be given to the Superintendent of NDCC who will notify the Agency Head. Staff further reported that it is their duty to complete a DHR Mandatory Report by close of shift, and that they are not to share the disclosed information, except on a need to know basis; which includes the administrative supervisory staff.

**(d.)** NDCC policy 115.361 states, "a. Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (1) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws.

b. Such practitioners shall be required to inform residents at the initiation of service of their duty to report and the limitations of confidentiality."

As noted in the discussion of provision (a.) of this standard, the Nurse is trained annually on her mandatory reporting duties. She disclosed in her interview that she often receives reports of a sexual abuse as part of the initial health and screening form she completes with new detainees. The Nurse further reported that NDCC staff disclose to detainees their duty to report as part of the confidentiality disclosure at the time of intake. A review of the detainee medical records showed the medical screening form for all incoming detainees. At the time of the onsite audit, there were no detainees that reported a sexual abuse, as verified in the Random Resident interviews.

**(e.)** NDCC policy 115.361 states, "a. Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and 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.

b. If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians.

c. If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation."

As noted in provision (a.) of this standard, all disclosures of sexual abuse are reported to the Superintendent. He noted in his interview that he reports all allegations to the Agency Head, who is also the Chief Probation Officer. NDCC works with probation services to identify the appropriate contact in order to notify parents, legal guardians, or any supervising agency with oversight of the detainee, and that this disclosure is made within 14 days of receiving the allegation.

**(f.)** NDCC policy 115.361 states, "The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators." The Superintendent reported in his interview that he will receive any report of sexual abuse, whether it is from a detainee, staff, anonymously or from a third party reporter, and that upon receipt of a sexual abuse allegation, he will notify the Agency Head and they will staff next steps for notifying investigators. Interviews with the Random Staff, esp., the Master Control Staff, supported that if they receive incoming calls with grievances or reports pertaining to detainees in NDCC, those calls are forwarded to the Superintendent of the facility. The auditor was able to observe completed Mandatory Reporting Forms for disclosures received on a previous detainee that was housed in the incident reporting documentation in the PREA Coordinator's office. It was also noted from reviewing the NDCC website that the Zero Tolerance Policy and reporting contacts were clearly identified for the public.

**CONCLUSIONS:**

NDCC was found to be in compliance with all provisions for 115.361.

115.362	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 328 297"><b>115.362</b></p> <p data-bbox="242 331 1026 358">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 387 399 414"><b>DOCUMENTS:</b></p> <ul data-bbox="242 443 478 470" style="list-style-type: none"> <li>* 3-JDF-3D-06-6 Policy</li> </ul> <p data-bbox="242 501 394 528"><b>INTERVIEWS:</b></p> <ul data-bbox="242 557 414 701" style="list-style-type: none"> <li>* Agency Head</li> <li>* Superintendent</li> <li>* Random Staff</li> </ul> <p data-bbox="242 730 360 757"><b>FINDINGS:</b></p> <p data-bbox="242 788 1485 1350">(a.) NDCC policy 3-JDF-3D-06-6 states, "Written policy, procedure, and practice require that juveniles identified as at risk for sexual victimization are assessed by mental health or other qualified professional. Such juveniles are identified, monitored, and counseled." The procedures to the policy further state, "Madison county juvenile court staff, court records, and/or law enforcement information will be used to identify residents as at risk for sexual victimization. Upon notification that a resident is at risk for sexual victimization, the detention 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. A special management plan may need to be developed." In the interviews with the Random Staff, it was noted that the staff are trained to 'immediately' report if a resident is at risk of imminent sexual abuse. The staff reported they would notify the supervisory staff on shift first who would then notify the Superintendent. The Superintendent shared in his interview that the facility staff would immediately intervene to remove the detainee from the risk, whether this be placing the detainee in his or her cell for a safety lockdown, or removing the detainee from the area by taking them to another pod/unit or taking them to an administrator's office. The Agency Head, who is also the Chief juvenile Probation Officer, also confirmed that his staff are trained to take immediate action in securing the safety of the detainee and notifying supervisory staff of the threat of harm. He further stated that he would work with the juvenile court to appropriate additional services that may be needed to address the detainee's risk. The PREA Coordinator noted in the PAQ there were no incidents of imminent risk of a sexual abuse reported during this audit period. The auditor confirmed this finding through interviews with the staff while onsite, and reviewing the archived incident reports.</p> <p data-bbox="242 1382 419 1408"><b>CONCLUSIONS:</b></p> <p data-bbox="242 1440 1018 1467">NDCC was found to be in compliance with the provision for standard 115.362.</p>

115.363	<b>Reporting to other confinement facilities</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

### **115.363**

The following evidence was analyzed in making the compliance determination:

#### **DOCUMENTS:**

- \* 115.363 Policy & Procedure
- \* Memo of Compliance to 115.363
- \* Incident Report Records Reviews
- \* MOU with Madison County Sheriff's Department

#### **INTERVIEWS:**

- \* Agency Head
- \* Superintendent

#### **FINDINGS:**

**(a.)** NDCC policy 115.363 states, "Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency." A compliance memo created by the Director of Detention Services states, "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." In the Agency Head interview he confirmed that he would be the one to complete a report to the other agency of the allegation of sexual abuse. He stated he would contact the other agency by phone and document in the detainee record a memo of record of the communication, and his staff that received the report would comply with any mandatory reporting requirements of the facility. A signed MOU with Madison County Sheriff's Department shows that NDCC would report any sexual abuse allegations to them for further investigation. The PREA Coordinator noted in the PAQ there were no incidents during this audit period of a sexual abuse reported from another facility. The auditor reviewed the incident report records and confirmed no such report was taken. Other incident reports not of a sexual abuse nature were reviewed to confirm the processes of communication and reporting that the agency takes that would apply to this standard, as well.

**(b.)** NDCC policy 115.363 states, "Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. " The Agency Head and Superintendent confirmed in their interviews that notification to the other facility would occur within 72 hours of receiving the report. The Superintendent stated that most reports are received and documented prior to the staff leaving their shift. A review of other incident reports confirmed that documentation and notifications were completed by the ending of the shift in which the allegation occurred.

**(c.)** NDCC policy 115.363 states, "The agency shall document that it has provided such notification." The Agency Head and Superintendent confirmed in their interviews that notification to the other facility would occur within 72 hours of receiving the report. The Superintendent stated that most reports are received and documented prior to the staff leaving their shift. A review of other incident reports confirmed that documentation and notifications were completed by the ending of the shift in which the allegation occurred.

**(d.)** NDCC policy 115.363 states, "The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards." In the Agency Head interview he confirmed that he would be the one to receive a report to from another agency of the allegation of sexual abuse. He stated he would document in the detainee record a memo of record of the communication, and would comply with any mandatory reporting requirements of the facility. A signed MOU with Madison County Sheriff's Department shows that NDCC would report any sexual abuse allegations to them for further investigation. The Superintendent confirmed in his interview that any allegations he or his staff received from other agencies would be gathered by him and reported to the Agency Head for review and action. The PREA Coordinator indicated in the PAQ there were no reports received from another agency of sexual abuse allegations while a detainee was in NDCC. The auditor reviewed the incident report documentation in archives to confirm this finding, and completed interviews with the Agency Head and Superintendent to further confirm this finding. Madison County DHR, Crisis Services of North Alabama, and JDI were contacted and the auditor did not receive any confirmed reports of a sexual abuse nor sexual harassment coming from the NDCC facility.

#### **CONCLUSIONS:**

NDCC was found to be in compliance with all provisions of standard 115.363.

115.364	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**115.364**

The following evidence was analyzed in making the compliance determination:

**DOCUMENTS:**

- \* 115.364 Policy & Procedure
- \* Mandatory Reporting Policy
- \* Sample of Completed Mandatory Reporting Form
- \* Staff Training Logs
- \* First Responder Guidelines Posted Throughout the Facility

**INTERVIEWS:**

- \* PREA Coordinator
- \* Random Staff/First Responders
- \* Random Residents

**FINDINGS:**

**(a.)** NDCC policy 115.364 states, "Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:

- a. Separate the alleged victim and abuser;
- b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- c. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and
- d. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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."

The Mandatory Reporting Policy also contains a line that states, "If necessary, separate victim and perpetrator. Block off crime scene if assault occurred within the facility. Crime scene tape, evidence bags are located in sexual assault kit in admitting area."

The Random Staff, who are also considered first responders, were interviewed while the auditor was onsite. Each staff member reported receiving annual training on the first responder duties of the facility. Each staff member could provide the 4 key points as noted in this provision and the NDCC policy noted above. The PREA Coordinator noted in the PAQ there were no incidents of sexual abuse reported in the facility. The auditor confirmed in the Random Resident interviews that no detainee had reported a sexual abuse while in NDCC. The Random Staff interviews, and reviews of detainee and incident records also supported no incidents occurred during this reporting period. The auditor observed that the first responder duties were posted throughout the facility in visible areas where the staff had access to review in case of a sexual abuse occurrence. The auditor reviewed the staff training records and was able to confirm the staff receive annual training on PREA reporting and response protocols, which includes the first responder duties.

**(b.)** NDCC policy 115.364 states, "If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff." As part of the Random Staff interviews, the auditor was able to interview a teacher and a kitchen staff employee. It was noted that the support staff who do not provide direct supervision of detainees were also trained and knowledgeable of the first responder duties, including the specific 4 points noted in provision (a.) of this standard. The supportive staff indicated the PREA Coordinator consistently provides ongoing training and check ins with all staff to support them in their duties to detect, report and respond to a sexual abuse.

**CONCLUSIONS:**

NDCC was found to be in compliance with all provisions of standard 115.364.

<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 328 295"><b>115.365</b></p> <p data-bbox="242 329 1026 353">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 387 397 412"><b>DOCUMENTS:</b></p> <ul data-bbox="242 445 504 470" style="list-style-type: none"> <li>* Written Institutional Plan</li> </ul> <p data-bbox="242 504 392 528"><b>INTERVIEWS:</b></p> <ul data-bbox="242 562 446 642" style="list-style-type: none"> <li>* Superintendent</li> <li>* PREA Coordinator</li> </ul> <p data-bbox="242 676 360 701"><b>FINDINGS:</b></p> <p data-bbox="242 734 1477 893">(a.) NDCC provided the auditor with a copy of the NDCC Written Institutional Plan which contains steps for first responders, medical and mental health staff, investigators, and facility leadership to take in response to an incident of sexual abuse. The NDCC Written Institutional Plan, as observed by the auditor while onsite, is kept in the administrative office of the facility where the staff can access as needed. The PREA Coordinator and the Superintendent confirmed that NDCC will follow the steps outlined in the NDCC Written Institutional Plan to respond to an incident of sexual abuse.</p> <p data-bbox="242 927 419 952"><b>CONCLUSIONS:</b></p> <p data-bbox="242 985 1002 1010">NDCC was found to be in compliance the the provision of standard 115.365.</p>

<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 318"><b>115.366</b></p> <p data-bbox="229 318 1509 380">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="229 380 1509 443"><b>INTERVIEWS:</b></p> <p data-bbox="229 443 1509 506">* Agency Head</p> <p data-bbox="229 506 1509 568"><b>FINDINGS:</b></p> <p data-bbox="229 568 1509 712"><b>(a.)</b> The Agency Head reported in his interview that NDCC does not enter into collective bargaining agreements that would prevent them from having the 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. The facility did not currently have any collective bargaining agreements.</p> <p data-bbox="229 712 1509 775"><b>CONCLUSIONS:</b></p> <p data-bbox="229 775 1509 815">NDCC was found to be in compliance with the provision of this standard.</p>

115.367	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 328 300"><b>115.367</b></p> <p data-bbox="240 329 1026 358">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 387 400 416"><b>DOCUMENTS:</b></p> <ul data-bbox="240 445 563 584" style="list-style-type: none"> <li>* 115.367 Policy and Procedure</li> <li>* Staff Log Books</li> <li>* Incident Report Reviews</li> </ul> <p data-bbox="240 613 394 642"><b>INTERVIEWS:</b></p> <ul data-bbox="240 672 895 929" style="list-style-type: none"> <li>* Agency Head</li> <li>* Superintendent/Staff Charged with Monitoring for Retaliation</li> <li>* PREA Coordinator/Staff Charged with Monitoring for Retaliation</li> <li>* Higher Level Staff</li> <li>* Random Residents</li> </ul> <p data-bbox="240 958 362 987"><b>FINDINGS:</b></p> <p data-bbox="240 1016 1485 1576"><b>(a.)</b> NDCC policy 115.367 states, "The agency shall establish 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 and shall designate which staff members or departments are charged with monitoring retaliation." An interview with the PREA Coordinator and the Superintendent indicates that the Superintendent is the person responsible for monitoring retaliation. Both staff shared in their interviews they work together with the shift supervisors to make sure that reporting detainees of a sexual abuse are free from retaliation, as well as reporting staff. The procedure for this process is outlined in policy 115.367 as follows, "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." The Higher Level Staff indicated in his interview that shift supervisors have a log book separate from the pod log books. He reported that supervisory log books are used to document retaliation monitoring, among other significant information used to keep detainees safe from a sexual abuse. He also reported the use of staff alerts, which are marked 'other' when they are related to a more sensitive issue such as retaliation monitoring or a sexual abuse, are also used to increase regular documented staff checks to 15 minutes.</p> <p data-bbox="240 1606 1485 2136"><b>(b.)</b> NDCC policy 115.367 states, "The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations." The policy's procedural guidelines further state, "The procedure for this process is outlined in policy 115.367 as follows, "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." During the Random Staff interviews it was noted that staff are able to communicate several ways to monitor and implement protections for a detainee who may be experiencing retaliation for reporting. Some of the items reported during the interviews included, placing the detainee or the staff member in Master Control until the threat could be de-escalated; using one of the empty pods and one-on-one staff supervision to separate the detainee from a threat; placing the detainee in his/her cell on lockdown where master control cameras and detention staff can monitor with documented checks; and notification of the threat to the supervisory staff which includes the Superintendent. The PREA Coordinator noted that if emotional support services were needed, the Agency Head would be notified and the services would be coordinated through juvenile probation services. The PREA Coordinator noted in the PAQ there were no incidents of retaliation noted in the facility for this audit period as a result of reporting a sexual abuse. A review</p>

of the log books, archived incident reports, and detainee records while onsite confirmed this report. During the Random Resident interviews, no detainee reported being placed in isolation for retaliation monitoring, nor reporting a sexual abuse while in the facility. The log books were reviewed by the auditor to see how other threats were monitored and documented, such as suicide monitoring, to see how staff respond.

**(c.)** NDCC policy 115.367 states, "For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need." The procedural portion of the policy further states, "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." During the Random Staff interviews it was noted that staff are able to communicate several ways to monitor and implement protections for a detainee who may be experiencing retaliation for reporting. Some of the items reported during the interviews included, placing the detainee or the staff member in Master Control until the threat could be de-escalated; using one of the empty pods and one-on-one staff supervision to separate the detainee from a threat; placing the detainee in his/her cell on lockdown where master control cameras and detention staff can monitor with documented checks; and notification of the threat to the supervisory staff which includes the Superintendent. The PREA Coordinator noted in her interview that NDCC is a short term facility and the detainees average length of stay is 30 days or less; however, she indicated that the retaliation threat would be monitored as long as the threat was indicated. The PREA Coordinator noted in the PAQ there were no incidents of retaliation noted in the facility for this audit period as a result of reporting a sexual abuse. A review of the log books, archived incident reports, and detainee records while onsite confirmed this report. The log books were reviewed by the auditor to see how other threats were monitored and documented, such as suicide monitoring, to see how staff respond. The Superintendent shared a sample of a staff intervention note to show how other forms of staff intervention are documented that would be similar to how an incident of retaliation might be handled.

**(d.)** NDCC policy 115.367 states, "In the case of residents, such monitoring shall also include periodic status checks." See provision (a.) of this standard for a more detailed description of the retaliation monitoring process. As previously stated, the Higher Level Staff indicated in his interview that shift supervisors have a log book separate from the pod log books. He reported that supervisory log books are used to document retaliation monitoring, among other significant information used to keep detainees safe from a sexual abuse. He also reported the use of staff alerts, which are marked 'other' when they are related to a more sensitive issue such as retaliation monitoring or a sexual abuse, are also used to increase regular documented staff checks to 15 minutes.

**(e.)** NDCC policy 115.367 states, "If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation." Along with the procedural elements noted for policy 115.367 in the previous provisions, it also states, "These steps will also pertain to those who cooperate with the investigation." The Agency Head and the Superintendent shared in their interviews that it is the desire of NDCC to provide a safe place for reporting incidents of sexual abuse, which includes protecting anyone who is willing to step up and make such a report. See the specific steps that could be taken in provisions (a.) thru (d.) above.

**CONCLUSIONS:**

NDCC was found to be in compliance with all provisions of standard 115.367.

<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 328 297"><b>115.368</b></p> <p data-bbox="242 331 1023 358">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 389 397 416"><b>DOCUMENTS:</b></p> <ul data-bbox="242 445 561 645" style="list-style-type: none"> <li>* 115.368 Policy and Procedure</li> <li>* Incident Report Reviews</li> <li>* Detainee Records</li> <li>* Staff Log Books</li> </ul> <p data-bbox="242 676 392 703"><b>INTERVIEWS:</b></p> <ul data-bbox="242 732 679 987" style="list-style-type: none"> <li>* Superintendent</li> <li>* Medical Staff</li> <li>* PREA Coordinator</li> <li>* Random Staff/Detention Supervisory Staff</li> <li>* Random Residents</li> </ul> <p data-bbox="242 1019 360 1046"><b>FINDINGS:</b></p> <p data-bbox="242 1077 1493 1603"><b>(a.)</b> NDCC policy 115.368 states, "Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342. 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 Superintendent reported that NDCC does not use isolation nor segregation with its detainees. With the makeup of 8 single occupancy cells in each unit/pod, if it is deemed necessary to separate detainees for protective measures, he stated the detainee would be placed on room restriction in the cell, or moved to a different pod that may not be occupied for one-on-one monitoring. All Random Staff interviews indicated that should a detainee be placed on room restriction, documented 15 minute checks are completed. The Nurse further shared in her interview that if a detainee is placed on room restriction she is notified and completes rounds throughout the day to monitor the status of the detainee. The PREA Coordinator noted in the PAQ there were no incidents of sexual abuse noted within the facility during the audit period. The auditor confirmed this through interviews with the detainees, reviews of the incident reports and detainee records, and interviews with Random Staff. The auditor was able to review logs documented on detainees who were placed on room restriction for other reasons to see how the staff would respond and document in case of a segregation for a report of a sexual abuse. The PREA Coordinator reported in her interview that NDCC is a short-term facility and the detainees' average length of stay is 30 days or less, but she confirmed that if the need arose, as per policy they would review the continued need for room restriction; and as per policy in 115.342, room restriction is never to exceed 72 hours.</p> <p data-bbox="242 1635 418 1662"><b>CONCLUSIONS:</b></p> <p data-bbox="242 1693 1010 1720">NDCC was found to be in compliance with the provision of standard 115.368.</p>

115.371	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 328 297"><b>115.371</b></p> <p data-bbox="240 331 1026 358">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 387 397 414"><b>DOCUMENTS:</b></p> <ul data-bbox="240 443 694 645" style="list-style-type: none"> <li>* 115.371 Policy &amp; Procedure</li> <li>* MOU Madison County Sheriff's Department</li> <li>* Detainee and Staff Records</li> <li>* Incident Report Files</li> </ul> <p data-bbox="240 674 392 701"><b>INTERVIEWS:</b></p> <ul data-bbox="240 730 451 931" style="list-style-type: none"> <li>* Agency Head</li> <li>* Superintendent</li> <li>* PREA Coordinator</li> <li>* Random Residents</li> </ul> <p data-bbox="240 960 360 987"><b>FINDINGS:</b></p> <p data-bbox="240 1016 1489 1514"><b>(a.)</b> NDCC policy 115.371 states, "When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports." An interview with the Agency Head and Superintendent who are also considered NDCC Investigative Staff confirmed that NDCC does not conduct administrative nor criminal investigations of sexual abuse or sexual harassment allegations. A review of the investigative files while onsite showed that NDCC had no allegations of sexual abuse nor sexual harassment during this audit period. NDCC has an MOU with the Madison County Sheriff's Department to complete all investigations related to sexual abuse and sexual harassment allegations. The Superintendent stated in his interview that all allegations and reports received are immediately forwarded to him, and he processes them with the Agency Head. The two will review the information and allegations and contact the Madison County Sheriff's Office with the allegation. The Superintendent shared that all allegations, whether received internally from staff and detainees, or received through anonymous or third-party reports are investigated fully until a final determination can be made. The PREA Coordinator reported in the PAQ and in her interview that there were no allegations of sexual abuse and sexual harassment during this audit period. This was confirmed during the onsite record reviews. The auditor reviewed incident records and findings the facility maintained, but none included allegations of sexual abuse and sexual harassment. Interviews with the detainees confirmed that no residents during the onsite portion of the audit had reported a sexual abuse.</p> <p data-bbox="240 1543 1489 1805"><b>(b.)</b> NDCC policy 115.371 states, "Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334." NDCC has an MOU with the Madison County Sheriff's Department, which was confirmed by the Agency Head and through confirmation of a signed written document. The MOU states, "Madison County Sheriff Office agrees to: Ensure all investigators are trained in sexual abuse investigation and aware of PREA guidelines." The Superintendent further shared that he and his staff receive annual PREA training in first responder duties to support the process for managing the scene and preserving evidence until the Sheriff's Department arrives. A review of the annual training records of staff supports this finding. The Superintendent stated that he also completed additional PREA training through the National Institute of Corrections to support his role at NDCC.</p> <p data-bbox="240 1834 1489 2096"><b>(c.)</b> NDCC policy 115.371 states, "Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator." The Superintendent and Agency Head interviews both indicated that all administrative and criminal investigations of sexual abuse and sexual harassment are conducted by Madison County Sheriff's Department. An MOU with the sheriff's department was reviewed and confirmed by the auditor. The Superintendent further shared that he and his staff receive annual PREA training in first responder duties to support the process for managing the scene and preserving evidence until the Sheriff's Department arrives. A review of the annual training records of staff supports this finding.</p> <p data-bbox="240 2125 1393 2152"><b>(d.)</b> NDCC policy 115.371 states, "The agency shall not terminate an investigation solely because the source of the</p>

allegation recants the allegation." The Superintendent and Agency Head interviews both indicated that all administrative and criminal investigations of sexual abuse and sexual harassment are conducted by Madison County Sheriff's Department. An MOU with the sheriff's department was reviewed and confirmed by the auditor. The Superintendent shared in his interview that an investigation, once started, will continue until a determination can be made about the allegation of sexual abuse and sexual harassment, even if the source of the allegation recants. The Agency Head shared that he remains in contact with the lead investigator of the sheriff's office and monitors the progress of the investigation until a final determination can be made.

**(e.)** NDCC policy 115.371 states, "When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution." The Superintendent and Agency Head interviews both indicated that all administrative and criminal investigations of sexual abuse and sexual harassment are conducted by Madison County Sheriff's Department. An MOU with the sheriff's department was reviewed and confirmed by the auditor. The Agency Head confirmed that the sheriff's investigator works closely with the prosecutor to conduct interviews and share evidence.

**(f.)** NDCC policy 115.371 states, "The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation." The Superintendent and Agency Head interviews both indicated that all administrative and criminal investigations of sexual abuse and sexual harassment are conducted by Madison County Sheriff's Department. An MOU with the sheriff's department was reviewed and confirmed by the auditor. The Superintendent shared in his interview that all allegations made by detainees are considered credible until the investigative findings prove otherwise. He confirmed that the facility does not use truth-telling devices to confirm an allegation. He stated that all allegations of sexual abuse and harassment are received, reviewed, and turned over to the Madison County Sheriff's Department for investigation no matter the status of the detainee. The PREA Coordinator reported in the PAQ and in her interview that there were no allegations of sexual abuse and sexual harassment during this audit period. This was confirmed during the onsite record reviews. The auditor reviewed incident records and findings the facility maintained, but none included allegations of sexual abuse and sexual harassment. Interviews with the detainees confirmed that no residents during the onsite portion of the audit had reported a sexual abuse.

**(g.)** NDCC policy 115.371 states, "Administrative investigations:

- a. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
- b. Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings."

The Superintendent and Agency Head interviews both indicated that all administrative and criminal investigations of sexual abuse and sexual harassment are conducted by Madison County Sheriff's Department. An MOU with the sheriff's department was reviewed and confirmed by the auditor. The MOU with the Madison County Sheriff's Department states, "Madison County Sheriff Office agrees to: Conduct all investigations, complete reports in a timely manner. Report all findings to the Chief Probation Officer of NDCC." The Superintendent confirmed in his interview that the facility will receive reports from the investigative staff, and the reports will contain information as indicated in parts a. and b. of the policy associated with this standard provision.

**(h.)** NDCC policy 115.371 states, "Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible." The Superintendent and Agency Head interviews both indicated that all administrative and criminal investigations of sexual abuse and sexual harassment are conducted by Madison County Sheriff's Department. An MOU with the sheriff's department was reviewed and confirmed by the auditor. The MOU with the Madison County Sheriff's Department states, "Madison County Sheriff Office agrees to: Conduct all investigations, complete reports in a timely manner. Report all findings to the Chief Probation Officer of NDCC." The Superintendent confirmed in his interview that if an investigation were to occur of a criminal nature, the sheriff's department would provide a written report that included a description of the physical, testimonial, and documentary evidence.

**(i.)** NDCC policy 115.371 states, "Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution." The Superintendent and Agency Head interviews both indicated that all administrative and criminal investigations of sexual abuse and sexual harassment are conducted by Madison County Sheriff's Department. An MOU with the sheriff's department was reviewed and confirmed by the auditor. The PREA Coordinator reported in the PAQ and in her interview that there were no allegations of sexual abuse and sexual harassment during this audit period. This was confirmed during the onsite record reviews. The auditor reviewed incident records and findings the facility maintained, but none included allegations of sexual abuse and sexual harassment. Interviews with the detainees confirmed that no residents during the onsite portion of the audit had reported a sexual abuse. The Superintendent during his interview reported that if the sheriff's investigator felt the evidence supported the allegation of sexual misconduct in collaboration with the prosecutor, the case would be referred for prosecution.

**(j.)** NDCC policy 115.371 states, "The agency shall retain all written reports referenced in paragraphs (7) and (8) of this section 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." The policy further states, "Criminal Investigations: A written report containing investigation findings shall be kept on file as law requires...Administrative Investigations: 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." The PREA Coordinator confirmed in her interview that all detainee records were kept for a minimum of 7 years with PREA related incidents being retained for 10 years. The PREA Coordinator and Superintendent reported in their interviews, as well as a review of incident records and personnel records while onsite, 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.)** NDCC policy 115.371 states, "The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.", and, "No allegation shall be terminated unless Madison County Sheriff determines no sexual abuse occurred." The Superintendent again confirmed that Madison County Sheriff's Department will continue investigation of all allegations of sexual abuse until the investigation is deemed unfounded, unsubstantiated, or substantiated, even if the alleged abuser or victim leaves employment or transfers out of the facility.

**(m.)** NDCC policy 115.371 states, "When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation." The procedure part of the policy further states, "Staff and residents will fully cooperate with Madison County Sheriff Department during their investigation." An interview with the Agency Head established that he remains in contact with the sheriff's department and will receive ongoing communication and written reports of the progress of all investigations of allegations of sexual misconduct within NDCC.

**CONCLUSIONS:**

NDCC was found to be in compliance with all provisions of standard 115.371.

115.372	<p><b>Evidentiary standard for administrative investigations</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>115.372</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <p><b>DOCUMENTS:</b></p> <ul style="list-style-type: none"> <li>* 115.372 Policy &amp; Procedure</li> <li>* Madison County Sheriff's Department MOU</li> <li>* Incident Report Files</li> </ul> <p><b>INTERVIEWS:</b></p> <ul style="list-style-type: none"> <li>* Superintendent</li> <li>* Random Residents</li> </ul> <p><b>FINDINGS:</b></p> <p><b>(a.)</b> NDCC policy 115.372 states, "The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. 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." NDCC has a confirmed MOU, as outlined in the provision discussions for 115.371, with the Madison County Sheriff's Department to complete all investigations for allegations of sexual misconduct. The Superintendent confirmed in his interview that the sheriff's investigators will use the standard of evidence required by its certifying agencies. The PREA Coordinator reported in the PAQ there were no incidents of allegations nor investigations of sexual abuse during this audit period. A review of the incident reports while onsite, and interviews with the detainees who all denied reporting a sexual abuse confirmed this report.</p> <p><b>CONCLUSIONS:</b></p> <p>NDCC was found to be in compliance with the provision of standard 115.372.</p>
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115.373	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 328 300"><b>115.373</b></p> <p data-bbox="240 329 1026 358">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 387 399 416"><b>DOCUMENTS:</b></p> <ul data-bbox="240 445 740 584" style="list-style-type: none"> <li>* 115.373 Policy &amp; Procedure</li> <li>* Incident Report Reviews</li> <li>* MOU with Madison County Sheriff's Department</li> </ul> <p data-bbox="240 613 394 642"><b>INTERVIEWS:</b></p> <ul data-bbox="240 672 451 810" style="list-style-type: none"> <li>* Superintendent</li> <li>* PREA Coordinator</li> <li>* Random Residents</li> </ul> <p data-bbox="240 840 360 869"><b>FINDINGS:</b></p> <p data-bbox="240 898 1485 1064"><b>(a.)</b> NDCC policy 115.373 states, "Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded." The full policy's procedure outlines 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.</p> <p data-bbox="240 1126 1010 1155">If the allegation involves a staff member, this agency shall notify the resident:</p> <ul data-bbox="240 1184 1182 1384" style="list-style-type: none"> <li>· If the staff member is no longer assigned to the pod</li> <li>· If the staff member is no longer employed at this facility</li> <li>· If the staff member has been indicted on a charge related to sexual abuse within the facility</li> <li>· If the staff member has been convicted on a charge related to sexual abuse within the facility</li> </ul> <p data-bbox="240 1413 997 1442">If the allegation involves another resident, the agency shall notify the victim:</p> <ul data-bbox="240 1471 1198 1556" style="list-style-type: none"> <li>· If the alleged abuser has been indicted on a charge related to sexual abuse within the facility</li> <li>· If the alleged abuser has been convicted on a charge related to sexual abuse within the facility</li> </ul> <p data-bbox="240 1585 954 1615">All notifications to resident, staff, victim or abuser shall be documented.</p> <p data-bbox="240 1644 1461 1673">The agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody."</p> <p data-bbox="240 1702 1461 1895">The PREA Coordinator reported in the PAQ there were no incidents or allegations of sexual abuse in the facility during the audit period. This was confirmed by the auditor through incident document reviews, during the PREA Coordinator and Superintendent interviews, and during the random resident interviews. The Superintendent shared in his interview that investigative findings would be reported directly to the detainee if the individual was still in custody. He shared that if the detainee were released from the facility, NDCC would work with the Agency Head and probation services to communicate the findings to the discharged detainees.</p> <p data-bbox="240 1924 1493 2157"><b>(b.)</b> NDCC policy 115.373 states, "If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident." The Superintendent interview indicated that all administrative and criminal investigations of sexual abuse and sexual harassment are conducted by Madison County Sheriff's Department. An MOU with the sheriff's department was reviewed and confirmed by the auditor. The MOU with the Madison County Sheriff's Department states, "Madison County Sheriff Office agrees to: Conduct all investigations, complete reports in a timely manner. Report all findings to the Chief Probation Officer of NDCC." The Superintendent confirmed in his interview that the facility will receive reports from the investigative staff, and the reports will contain information as indicated in parts a. and b. of</p>

the policy associated with standard 115.371 provision (g.). The PREA Coordinator reported in the PAQ there were no incidents or allegations of sexual abuse in the facility during the audit period. This was confirmed by the auditor through incident document reviews, during the PREA Coordinator and Superintendent interviews, and during the random resident interviews.

**(c.)** NDCC policy 115.373 states, "Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

- a. The staff member is no longer posted within the resident's unit;
- b. The staff member is no longer employed at the facility;
- c. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- d. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility."

The PREA Coordinator reported in the PAQ there were no incidents or allegations of sexual abuse in the facility during the audit period. This was confirmed by the auditor through incident document reviews, during the PREA Coordinator and Superintendent interviews, and during the random resident interviews. The Superintendent shared in his interview that in the event of an investigation of sexual abuse, NDCC will provide timely information to the detainee for points a. - d. noted in this policy, and provide them with a copy of the findings.

**(d.)** NDCC policy 115.373 states, "Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:

- a. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- b. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility."

The PREA Coordinator reported in the PAQ there were no incidents or allegations of sexual abuse in the facility during the audit period. This was confirmed by the auditor through incident document reviews, during the PREA Coordinator and Superintendent interviews, and during the random resident interviews. The Superintendent shared in his interview that in the event of an investigation of sexual abuse, NDCC will provide timely information to the detainee for points a. - b. noted in this policy, and provide them with a copy of the findings. He further shared that in the event the detainee was already discharged from the facility, he will work with the Agency Head and probation services to notify the detainee of the outcome.

**(e.)** NDCC policy 115.373 states, "All such notifications or attempted notifications shall be documented." The PREA Coordinator reported in the PAQ there were no incidents or allegations of sexual abuse in the facility during the audit period. This was confirmed by the auditor through incident document reviews, during the PREA Coordinator and Superintendent interviews, and during the random resident interviews. The Superintendent shared in his interview that in the event of an investigation of sexual abuse, NDCC will provide timely information to the detainee and provide them with a copy of the findings. He further shared that in the event the detainee was already discharged from the facility, he will work with the Agency Head and probation services to notify the detainee of the outcome.

**CONCLUSIONS:**

NDCC was found to be in compliance with all provisions of standard 115.373.

115.376	<b>Disciplinary sanctions for staff</b>
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 328 295"><b>115.376</b></p> <p data-bbox="242 331 1026 356">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 387 397 412"><b>DOCUMENTS:</b></p> <ul data-bbox="242 443 448 526" style="list-style-type: none"> <li>* Harassment Policy</li> <li>* 3-JDF-3D-06-7</li> </ul> <p data-bbox="242 557 392 582"><b>INTERVIEWS:</b></p> <ul data-bbox="242 613 414 638" style="list-style-type: none"> <li>* Superintendent</li> </ul> <p data-bbox="242 672 360 696"><b>FINDINGS:</b></p> <p data-bbox="242 728 1485 958"><b>(a.)</b> NDCC Harassment Policy, Appendix 3, outlines the employees 'anti-harassment policy and reporting procedures'. The language, contained in the Madison County employee handbook, states "a zero tolerance policy of unlawful discrimination or harassment of any kind." The policy further declares, "Madison County will seek to prevent, correct, and discipline behavior that violates this policy." While onsite the auditor reviewed employee files and incident reviews. There were no incidents of sexual harassment noted, but the Superintendent shared a sample of a violation of the Madison County Code of Conduct for a staff member. The incident report noted the policy offense, summary of the incident, history of behaviors, disciplinary meeting summary, and the recommendations for termination.</p> <p data-bbox="242 990 1485 1149"><b>(b.)</b> At the time of the audit, there were zero reports of staff being terminated for sexual abuse or sexual harassment policies, as reported in the PAQ and confirmed through reviews of employee records and incident reports while onsite. See provision (a.) of this standard for an example of a staff discipline where a staff was terminated for violation of another employee policy. The Superintendent stated in his interview this would be the same protocol NDCC and Madison County would follow to discipline staff for sexual harassment and sexual abuse violations.</p> <p data-bbox="242 1180 1485 1507"><b>(c.) and (d.)</b> NDCC policy 3-JDF-3D-06-7 states, "When any complaint of sexual conduct between staff and residents, volunteers and/or contract personnel and residents, regardless of consensual status, is made, it shall be investigated immediately by NDCC Administrators. Anyone found to have been involved in sexual conduct with a detainee will be subject to disciplinary action as deemed appropriate, up to and including possible termination of employment. The case will be referred to the office of the Madison County District Attorney for criminal investigation." While onsite the auditor reviewed employee files and incident reviews. There were no incidents of sexual harassment noted, but the Superintendent shared a sample of a violation of the Madison County Code of Conduct for a staff member. The incident report noted the policy offense, summary of the incident, history of behaviors, disciplinary meeting summary, and the recommendations for termination. The Superintendent further stated that all reports of sexual abuse and sexual harassment are reported to Madison County Department of Human Resources.</p> <p data-bbox="242 1538 419 1563"><b>CONCLUSIONS:</b></p> <p data-bbox="242 1594 1015 1619">NDCC was found to be in compliance with all provisions of standard 115.376.</p>

115.377	<p><b>Corrective action for contractors and volunteers</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>115.377</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <p><b>DOCUMENTS:</b></p> <ul style="list-style-type: none"> <li>* 3-JDF-3D-06-7</li> <li>* 115.377 Policy &amp; Procedure</li> </ul> <p><b>INTERVIEWS:</b></p> <ul style="list-style-type: none"> <li>* Superintendent</li> </ul> <p><b>FINDINGS:</b></p> <p><b>(a.) and (b.)</b> NDCC policy 3-JDF-3D-06-7 states, "Written policy, procedure, and practice ensure that sexual conduct between staff and juveniles, volunteers, or contract personnel and juveniles, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions." NDCC policy 115.377 states, "1. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. 2. The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer." A review of the PAQ, employee records, and interview with the Superintendent showed that no volunteers or contractors were involved in allegations of sexual abuse or sexual harassment during the audit cycle. The Superintendent reported that due to COVID restrictions, they had not allowed volunteers in the facility in over a year. He further reported that if a volunteer or contractor was involved in an allegation of sexual abuse or sexual harassment, the privileges for admittance to the facility would be immediately terminated. He stated all allegations of sexual abuse and sexual harassment are referred to Madison County Department of Human resources.</p> <p><b>CONCLUSIONS:</b></p> <p>NDCC was found to be in compliance with all provisions of standard 115.377.</p>
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115.378	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 328 297"><b>115.378</b></p> <p data-bbox="240 329 1026 356">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 387 397 414"><b>DOCUMENTS:</b></p> <ul data-bbox="240 445 874 584" style="list-style-type: none"> <li>* 3-JDF-3E-05 Policy</li> <li>* 115.378 Policy &amp; Procedure</li> <li>* NDCC Guide to Preventing and Reporting Sexual Misconduct</li> </ul> <p data-bbox="240 616 392 642"><b>INTERVIEWS:</b></p> <ul data-bbox="240 674 414 813" style="list-style-type: none"> <li>* Superintendent</li> <li>* Random Staff</li> <li>* Medical Staff</li> </ul> <p data-bbox="240 844 360 871"><b>FINDINGS:</b></p> <p data-bbox="240 902 1489 1099"><b>(a.)</b> NDCC. policy 115.378 states, "A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse." A review of the PAQ completed by the PREA Coordinator indicted there were no administrative or criminal findings of sexual abuse by resident-on-resident. A review of the grievances, incident reports, and investigative files while onsite supported there were no allegations of sexual abuse by resident-on-resident during this audit cycle.</p> <p data-bbox="240 1131 1489 1924"><b>(b.) and (c.)</b> NDCC policy 3-JDF-E3-05 states, "Residents placed on room restriction are provided living conditions and rights approximating those available to the general resident population, unless there is clear and substantial justification for an exception and approval is secured from the director of detention care services or his/her designee. The individual program plan for the resident should usually include going to the dining room, medical appointments as needed and daily exercise. Other program activities (e.g., library, classroom, or audio visual room) should be included in the plan if possible." NDCC policy 115.378 states, "Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible."; and, "The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed." An interview with the Superintendent confirmed that the procedure described in NDCC policy 115.378 is how the facility manages discipline of detainees. This policy's procedures are documented as follows, "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." An interview with the nurse supported that during any room restriction event, the detainees are monitored with 15 minute documented checks. She further indicated that she is notified and performs regular checks of the detainee throughout the day. The Superintendent indicated that all detainees who may be placed on cell restriction for any reason are allowed to participate in regular facility programming. He further confirmed that isolation is not used at this facility.</p> <p data-bbox="240 1955 1453 2080"><b>(d.)</b> NDCC documented in the PAQ that services are not offered in this facility to address the needs outlined in provisions (a.)-(d.) of standard 115.378. An interview with the Superintendent found that if the counseling needs of a detainee were deemed primary by the juvenile court, the detainee would be court ordered to the appropriate facility to receive those services.</p> <p data-bbox="240 2112 1481 2139"><b>(e.)</b> NDCC policy 115.378 states, "The agency may discipline a resident for sexual contact with staff only upon a finding that</p>

the staff member did not consent to such contact." An interview with the Superintendent found no allegations nor discipline had occurred for a resident displaying sexual abuse toward a staff member. During the Random Staff interviews certain staff reported that when a detainee becomes 'too friendly' with staff, either through words or actions, the staff supervisor is informed and the detainee is addressed about the behavior. They further indicated that if the behavior continues, the Juvenile Probation Officer is contacted and this oversight person will meet with the detainee to address the behavior. The auditor reviewed grievances, incident reports, and investigative files while onsite and found no incidents noted of resident sexual abuse toward a staff member.

**(f.)** NDCC policy 115.378 states, "For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation."

**(g.)** NDCC policy 115.378 states, "An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced."; and, "Sexual activity between residents is strictly prohibited whether consensual or not." The NDCC detainee Guide to Preventing and Reporting Sexual Misconduct that is given to each detainee at intake states, "Sexual abuse/sexual harassment between juvenile offenders or juvenile offenders and staff is never okay and is never considered consensual."

**CONCLUSIONS:**

NDCC was found to be in compliance with all provisions for standard 115.378.

115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 328 297"><b>115.381</b></p> <p data-bbox="240 331 1026 358">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 387 400 414"><b>DOCUMENTS:</b></p> <ul data-bbox="240 443 879 701" style="list-style-type: none"> <li>* 115.381 Policy &amp; Procedure</li> <li>* Initial Health Screening Form</li> <li>* Sample Screening and Follow-Up Report to Reporting Agency</li> <li>* MOU with Huntsville Hospital</li> <li>* MOU with Crisis Services of North Alabama</li> </ul> <p data-bbox="240 730 392 757"><b>INTERVIEWS:</b></p> <ul data-bbox="240 786 520 987" style="list-style-type: none"> <li>* Medical Staff</li> <li>* PREA Coordinator</li> <li>* Random Residents</li> <li>* Random Staff/Intake Staff</li> </ul> <p data-bbox="240 1016 360 1043"><b>FINDINGS:</b></p> <p data-bbox="240 1077 1489 1503"><b>(a.)</b> NDCC policy 115.381 states, "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, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening." During the Nurse interview and the Random Staff/Intake Staff intake interview it was reported that a recent female detainee had reported a sexual abuse prior to entering NDCC. The auditor reviewed the intake screening documentation, including the medical health screening, and the subsequent report to Madison County Department of Human Resources. The nurse stated that as part of her care, the detainee was given a pregnancy test, which was noted on the screening form and dated. The Agency Head was notified of the abuse allegation, and probation services coordinated with NDCC to obtain additional services for the detainee, which included linkage with the local mental health center for supportive services. The PREA Coordinator confirmed in her interview the detainee received those services. The Random Staff interviews supported that detainees regularly participate in services with outside agencies that may include face-to-face private meetings in the visitation rooms, or confidential Zoom meetings in the private office set up within the detention facility. The auditor was able to observe both locations, and a similar type service was provided while the auditor was onsite.</p> <p data-bbox="240 1536 1489 1727"><b>(b.)</b> NDCC policy 115.381 states, "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, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening." An interview with the PREA Coordinator stated that the services described in provision (a.) of this standard were also available to a perpetrator of sexual abuse. She further stated that probation services coordinates services for detainees based on the physical, social, emotional, and legal needs identified in the risk assessment pursuant to standard 115.341.</p> <p data-bbox="240 1760 1489 2152"><b>(c.)</b> NDCC policy 115.381 states, "Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law." The Intake Staff who complete the initial screenings document any reported sexual abuse and submit that information to the mandatory reporting agency for the county. This information as confirmed through reviews of detainee records, and through interviews with the Intake Staff and PREA Coordinator is then given to the PREA Coordinator and housed in locked filing cabinets in her office. Communication to staff that is relevant to bedding, housing and programming, is noted on a staff alert, but the purpose of the alert may be marked as 'other' to maintain the privacy of the detainee. The auditor reviewed samples of staff alerts while onsite and how they are utilized to communicate detainee risk to supervising staff. All NDCC staff are trained as mandatory reporters, and receive additional training on client confidentiality of documentation as confirmed in the Random Staff interviews and the employee training record reviews by the auditor. The nurse interview and onsite tour of her office showed that all medical records are</p>

maintained in a locked filing cabinet in her office.

**(d.)** NDCC policy 115.381 states, "Medical and mental health practitioners shall 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." The PREA Coordinator reported 1 medical staff member and 0 mental health staff members worked for NDCC in the PAQ. This was confirmed while onsite when an active staff roster was provided to the auditor for the onsite portion of the audit. Mental health services, as confirmed in provision (a.) of this standard, are coordinated through an outside referral with the local mental health service by the juvenile probation office. An interview with the nurse confirmed that as part of her informed consent process to complete the health screening at intake, she informs the detainee that any disclosure of sexual abuse is a mandatory reportable event that she is mandated to disclose.

**CONCLUSIONS:**

NDCC was found to be in compliance with all provisions of standard 115.381.

115.382	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 328 297"><b>115.382</b></p> <p data-bbox="242 331 1026 358">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 389 397 416"><b>DOCUMENTS:</b></p> <ul data-bbox="242 445 552 528" style="list-style-type: none"> <li>* MOU with Crisis Services</li> <li>* MOU with Huntsville Hospital</li> </ul> <p data-bbox="242 560 392 586"><b>INTERVIEWS:</b></p> <ul data-bbox="242 616 520 815" style="list-style-type: none"> <li>* Medical Staff</li> <li>* PREA Coordinator</li> <li>* Random Staff/Intake Staff</li> <li>* Random Residents</li> </ul> <p data-bbox="242 846 360 873"><b>FINDINGS:</b></p> <p data-bbox="242 904 1485 1234"><b>(a.) and (c.)</b> As pursuant to standard 115.321 standard discussions, NDCC has an MOU with Crisis Services of North Alabama and Huntsville Hospital to provide medial, SAFE/SANE, rape advocacy, and emotional support services. The PAQ completed by the PREA Coordinator indicated there were no incidents of sexual abuse reported during this audit period. The auditor confirmed this claim through interviews with the residents while onsite, and through reviews of the archived incident reports. An interview with the nurse and an intake staff showed that a previous detainee had disclosed a sexual abuse prior to coming to the facility. Her medical records and intake records supported that a mandatory report was completed the same day as the disclosure, The nurse confirmed that as part of her care to the detainee she was provided health services that included a pregnancy test and referral to the health department for an evaluation for further services that could include contraception, STI education and testing if deemed appropriate. The PREA Coordinator confirmed the detainee was referred for mental health services through the juvenile court system.</p> <p data-bbox="242 1265 1477 1460"><b>(b.)</b> As noted in the provision discussion of standard 115.362, all staff are trained in first responder duties prior to being placed on the floor to provide supervision to detainees and annually thereafter. The auditor confirmed through staff interviews, and through a review of the training records that the key points for preserving evidence, securing the scene, and separating the victim/perpetrator are trained and understood by the detention staff. NDCC has MOUs on record for Madison County Sheriff's Department, Crisis Services of North Alabama and Huntsville Hospital to perform investigative services, SAFE/SANE exams, and medical services to detainees as soon as a report of a sexual abuse is received.</p> <p data-bbox="242 1491 1477 1648"><b>(d.)</b> NDCC has a signed MOU with Crisis Services of North Alabama to provide rape crisis and victim advocate services. A review of the CSNA homepage states, "We Are Here to Help, All Races and Ethnicities, All Religions, All Gender Identities, All Sexual Orientations, All Ages, - EVERYONE -, No fee is ever charged for direct services provided by CSNA." The PREA Coordinator confirmed in her interview that the detainee who reports a sexual abuse will receive these services at no cost, even if they choose not to press charges or move forward with the investigation.</p> <p data-bbox="242 1680 419 1706"><b>CONCLUSIONS:</b></p> <p data-bbox="242 1738 1015 1765">NDCC was found to be in compliance with all provisions of standard 115.382.</p>

115.383	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 328 300"><b>115.383</b></p> <p data-bbox="240 329 1026 358">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 387 399 416"><b>DOCUMENTS:</b></p> <ul data-bbox="240 445 967 645" style="list-style-type: none"> <li>* Policy &amp; Procedure 115.383</li> <li>* Intake Health Screening Form</li> <li>* Screening Form and Mandatory Report Referral</li> <li>* Detainee Records and Court Order with Referral to Additional Services</li> </ul> <p data-bbox="240 674 394 703"><b>INTERVIEWS:</b></p> <ul data-bbox="240 732 446 815" style="list-style-type: none"> <li>* PREA Coordinator</li> <li>* Medical Staff</li> </ul> <p data-bbox="240 844 360 873"><b>FINDINGS:</b></p> <p data-bbox="240 902 1422 999"><b>(a.) thru (h.)</b> NDCC policy 115.383 states, "1. The facility shall 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.</p> <p data-bbox="240 1028 1481 1124">2. The evaluation and treatment of such victims shall 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.</p> <p data-bbox="240 1153 1430 1211">3. The facility shall provide such victims with medical and mental health services consistent with the community level of care.</p> <p data-bbox="240 1240 1347 1270">4. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.</p> <p data-bbox="240 1299 1385 1357">5. If pregnancy results from conduct specified in paragraph (4) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.</p> <p data-bbox="240 1386 1471 1444">6. Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.</p> <p data-bbox="240 1473 1458 1532">7. Treatment services shall be 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.</p> <p data-bbox="240 1561 1485 1619">8. The facility shall 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."</p> <p data-bbox="240 1648 1493 1957">The procedural portion of the policy outlines 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."</p> <p data-bbox="240 1986 1469 2148">NDCC has a signed MOU on record for Crisis Services of North Alabama and Huntsville Hospital. Through those agreements, detainees will have access to emergency medical services, rape crisis services, a SAFE/SANE exam and access to a rape advocate. The PREA Coordinator stated in her interview that the Agency Head is also the Chief Probation Officer for the county. She shared that when additional needs are identified, the juvenile court mental health liaison is referred to NDCC to complete an evaluation of the detainee, and recommend services. She reported these services are</p>

available for victims as well as perpetrators. She further reported that NDCC is a short term facility, with the average length of stay being 30 days or less. She reported that NDCC works closely with probation services to ensure the detainee is linked with aftercare services that can be completed in the community or through a transfer to another facility relative to the role and needs of the detainee in the sexual abuse incident. A review of the detainee records showed court orders that did include recommendations for other services, even though the services were not related to a sexual abuse, the auditor was able to see how the process worked. An interview with the nurse and an intake staff showed that a previous detainee had disclosed a sexual abuse prior to coming to the facility. Her medical records and intake records supported that a mandatory report was completed the same day as the disclosure. The nurse confirmed that as part of her care to the detainee she was provided health services that included a pregnancy test and referral to the health department for an evaluation for further services that could include pregnancy services, contraception, STI education and STI testing if deemed appropriate. The PREA Coordinator confirmed the detainee was referred for mental health services through the juvenile court system. The Crisis Services of North Alabama website further supports that there will be no charge to victims as stated, "We Are Here to Help, All Races and Ethnicities, All Religions, All Gender Identities, All Sexual Orientations, All Ages, EVERYONE - , No fee is ever charged for direct services provided by CSNA." The PREA Coordinator reported in the PAQ there were no incidents of sexual abuse that occurred in the facility during this audit period. The auditor interviewed the detainees while onsite and confirmed there were no residents who reported a sexual abuse.

**CONCLUSIONS:**

NDCC was found to be in compliance with all provisions of standard 115.383.

115.386	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 328 297"><b>115.386</b></p> <p data-bbox="240 331 1026 358">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 387 399 414"><b>DOCUMENTS:</b></p> <ul data-bbox="240 443 576 528" style="list-style-type: none"> <li>* 115.386 Policy &amp; Procedure</li> <li>* NDCC Incident Review Reports</li> </ul> <p data-bbox="240 560 392 586"><b>INTERVIEWS:</b></p> <ul data-bbox="240 616 446 757" style="list-style-type: none"> <li>* Superintendent</li> <li>* Agency Head</li> <li>* PREA Coordinator</li> </ul> <p data-bbox="240 788 360 815"><b>FINDINGS:</b></p> <p data-bbox="240 844 1485 1173"><b>(a.)</b> NDCC policy 115.386 states, "The facility shall 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." The procedure for conducting incident reviews, as outlined in the above policy, and described in interviews with the Superintendent and PREA Coordinator, is as follows. Any incident of sexual abuse is immediately reported to the supervisor, who then notifies the Superintendent. All incidents are to be fully documented on an incident report form before leaving shift. The Superintendent and the Agency Head will review the incident, and if it appears criminal in nature, the Madison County Sheriff's Department will be notified to conduct the investigation. During this audit period there were no reports of sexual abuse in this facility reported by the PREA Coordinator. Auditor reviewed detainee records and incident report documentation while on site to confirm this report. Just Detention International, Madison County Department of Human Resources and Crisis Services reported to the auditor there were no records of sexual abuse incidents reported.</p> <p data-bbox="240 1205 1493 1364"><b>(b.)</b> NDCC policy 115.386 states, "Such review shall ordinarily occur within 30 days of the conclusion of the investigation." As noted and confirmed in provision (a.) of this standard, there were no reported incidents of sexual abuse, and therefore no documented incident reviews. In an interview with the Superintendent, it was confirmed that it is the practice of NDCC is to conduct an incident review within 30 days of the conclusion of sexual abuse investigations. Auditor reviewed other incident review reports to confirm a documented practice is in place to review incidents that occur at the facility.</p> <p data-bbox="240 1395 1493 1624"><b>(c.)</b> NDCC policy 115.386 states, "The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners." In the interviews with the Superintendent, Agency Head, and PREA Coordinator, it was noted that the incident review team is made up of different NDCC staff that includes, but is not limited to, the nurse, detention supervisors, the PREA Coordinator, the Superintendent, and the Agency Head. The Superintendent further stated that if an incident was criminal in nature, the incident review team would be made up of the Agency Head, the Superintendent, the county attorney and human resources. Auditor reviewed other incident review reports to confirm how NDCC used an incident review team to review incidents.</p> <p data-bbox="240 1655 815 1682"><b>(d.)</b> NDCC policy 115.386 states, "The review team shall:</p> <ul data-bbox="240 1711 1474 2159" style="list-style-type: none"> <li>a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;</li> <li>b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;</li> <li>c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;</li> <li>d. Assess the adequacy of staffing levels in that area during different shifts;</li> <li>e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and</li> <li>f. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (4)(a)-</li> </ul>

(4)(e) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

An interview with the Superintendent, Agency Head, and PREA Coordinator confirms that the incident review team looks at all key elements noted in provision (d.) of this standard. The Superintendent shared that once the findings are documented and reviewed by the incident review team, he takes the recommendations of the team and communicates them to the Agency Head and PREA Coordinator.

**(e.)** NDCC policy 115.386 states, "The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so." An interview with the Superintendent, Agency Head and PREA Coordinator supported that recommendations made by the incident review team would be implemented to make improvements to sexual abuse prevention, reporting, and response protocols. As previously noted in provision (a.), there were no incidents of sexual abuse during this audit period. Auditor reviewed other incident review documentation and noted how recommendations were documented and communicated to the Agency Head and PREA Coordinator for implementation. Examples of recommendations noted included increased training for staff to improve compliance with NDCC policies and procedures for juvenile supervision.

**CONCLUSIONS:**

NDCC was found to be in compliance with all provisions of 115.386.

115.387	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**115.387**

The following evidence was analyzed in making the compliance determination:

**DOCUMENTS:**

- \* 115.387 Policy & Procedure
- \* Survey of Sexual Victimization
- \* Website Annual Aggregate Data Document

**INTERVIEWS:**

- \* PREA Coordinator
- \* Superintendent
- \* Agency Head

**FINDINGS:**

**(a.)** NDCC policy 115.387 states, "The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions." An interview with the PREA Coordinator demonstrated that the facility maintains accurate and uniform data for allegations of sexual abuse. Through the use of an incident report form, the facility captures consistent information for incidents within the facility. The PREA Coordinator shared that staff are trained on how to collect and document information surrounding a critical incident in the facility. A review of the incident report records while onsite shows that this information is gathered in a uniform manner.

**(b.)** NDCC policy 115.387 states, "The agency shall aggregate the incident-based sexual abuse data at least annually." During the PAQ process the auditor noted that there was no evidence of the annual data being aggregated. This was communicated to the PREA Coordinator. The PREA Coordinator submitted a copy of the aggregate data for this three year audit cycle. The aggregate data, as observed by this auditor, included resident on resident allegations, staff on resident allegations, and the status of each allegation.

**(c.)** NDCC policy 115.387 states, "The incident-based data collected shall 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." The aggregate data, as observed by this auditor, included resident on resident allegations, staff on resident allegations, and the status of each allegation. A review of the aggregate data, incident reports, and the submitted SSV report supported the facility was maintaining the necessary information needed to complete the DOJ survey request.

**(d.)** NDCC policy 115.387 states, "The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews." An interview with the PREA Coordinator indicated NDCC maintains, reviews, and collects data from sexual abuse, and other incident investigations and reviews. While onsite the auditor observed the paper incident reports housed in a locked filing cabinet in the PREA Coordinator's office. The Superintendent was further observed to keep copies of the incident review notes in his records. Auditor reviewed incident report documentation of non-PREA related incidents, as there were no reported incidents of sexual abuse or sexual harassment during this audit cycle, as confirmed in provision discussion for 115.386 (a.).

**(e.)** NDCC policy 115.387 states, "The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents." An interview with the Agency Head indicated this facility does not contract with other facilities for the confinement of their detainees. He reported that if another facility was utilized for the confinement of his detainees, he would expect the same incident-based and aggregated data to be collected and submitted for review. An onsite review of the facility supported that there was currently no need for the use of another facility to house NDCC detainees. NDCC is not at full capacity and can currently meet the needs of housing incoming detainees.

**(f.)** NDCC policy 115.387 states, "Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30." An interview with the PREA Coordinator indicated the last time she was asked to submit incident data was in 2019, and she submitted the information by the June 30 deadline. The PREA Coordinator provided a copy of the last SSV report that was completed. There were no documented incidents of sexual abuse or sexual harassment noted on the report.

**CONCLUSIONS:**

NDCC was found to be in compliance with all provisions of the standard 115.387

115.388	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>115.388</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <p><b>DOCUMENTS:</b></p> <ul style="list-style-type: none"> <li>* 115.388 Policy &amp; Procedure</li> <li>* Annual aggregate data on website: <a href="https://madisoncountyjuvenileprobational.weebly.com/">https://madisoncountyjuvenileprobational.weebly.com/</a></li> <li>* Superintendent Memo 115.388</li> <li>* Incident Review Files</li> </ul> <p><b>INTERVIEWS:</b></p> <ul style="list-style-type: none"> <li>* PREA Coordinator</li> <li>* Agency Head</li> </ul> <p><b>FINDINGS:</b></p> <p><b>(a.), (b.), (c.) and (d.)</b> NDCC policy 115.388 states, "1. The agency shall 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:</p> <ol style="list-style-type: none"> <li>a. Identifying problem areas;</li> <li>b. Taking corrective action on an ongoing basis; and</li> <li>c. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</li> </ol> <p>2. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.</p> <p>3. The agency's report shall be 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.</p> <p>4. The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted."</p> <p>The Agency Head reported in his interview that he and the Superintendent review each incident that occurs at NDCC, and the incident review may facilitate changes to policy/procedure, supervision, programming, staffing assignments, and when appropriate, recommendations for upgrades to technology and the facility. The PREA Coordinator stated in her interview that she uses the feedback from the data reviews to coordinate annual training for her staff, individual supervision for staff, and to make recommendations to the Agency Head and Superintendent of corrective action needs as deemed appropriate by the PREA standards. The auditor reviewed the incident records while onsite and found no documented incidents of sexual abuse or sexual harassment that resulted in incident reviews or corrective action. A review of the website showed that aggregate data was uploaded that showed a comparison of each year's incidents of sexual harassment and sexual abuse. The Superintendent completed a memo of compliance for 115.388 which states, "The annual report for NDCC indicates no incidents or reports of sexual harassment since the last PREA audit conducted in 2019. This information is shared on our website located at the following address: <a href="https://madisoncountyjuvenileprobational.weebly.com/">https://madisoncountyjuvenileprobational.weebly.com/</a>". A review of the incident files and the annual aggregate data on the website shows no reported incidents of sexual harassment nor sexual abuse that would result in corrective action being noted. The incident information noted on the website and reviewed by the auditor does not include personal identifying information that would result in the need for redaction of information.</p> <p><b>CONCLUSIONS:</b></p> <p>NDCC was found to be in compliance with all provisions of standard 115.388.</p>

115.389	<p><b>Data storage, publication, and destruction</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>115.389</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <p><b>DOCUMENTS:</b></p> <ul style="list-style-type: none"> <li>* 115.389 Policy &amp; Procedure</li> <li>* Annual aggregate data on website: <a href="https://madisoncountyjuvenileprobational.weebly.com/">https://madisoncountyjuvenileprobational.weebly.com/</a></li> </ul> <p><b>INTERVIEWS:</b></p> <ul style="list-style-type: none"> <li>* PREA Coordinator</li> </ul> <p><b>FINDINGS:</b></p> <p><b>(a.), (b.), (c.) and (d.)</b> NDCC policy 115.389 states, "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." An interview with the PREA Coordinator confirmed that detainee records were kept for 7 years, unless the records contained PREA information pursuant to standard 115.387. The auditor reviewed the incident and grievances records for the facility. The records were secured in a locked filing cabinet in the PREA Coordinator's office, with incident review team information stored in a locked filing cabinet in the Superintendent's office. There were no files available for review for this time period that included incidents of sexual abuse or sexual harassment. A review of the facility website showed the annual aggregate data was available for public review, and included no personal identifying detainee information.</p> <p><b>CONCLUSIONS:</b></p> <p>NDCC was found to be in compliance with all provisions of standard 115.389.</p>
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115.401	<b>Frequency and scope of audits</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 328 300"><b>115.401</b></p> <p data-bbox="240 331 1026 358">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 389 397 416"><b>DOCUMENTS:</b></p> <ul data-bbox="240 443 887 645" style="list-style-type: none"> <li>* Photos of PREA Audit Postings Dated 11/29/21</li> <li>* 2016 and 2019 PREA Audit Reports</li> <li>* Signed Facility/Auditor Contract</li> <li>* website: <a href="https://madisoncountyjuvenileprobational.weebly.com/">https://madisoncountyjuvenileprobational.weebly.com/</a></li> </ul> <p data-bbox="240 676 392 703"><b>INTERVIEWS:</b></p> <ul data-bbox="240 730 443 873" style="list-style-type: none"> <li>* PREA Coordinator</li> <li>* Random Staff</li> <li>* Random Resident</li> </ul> <p data-bbox="240 904 360 931"><b>FINDINGS:</b></p> <p data-bbox="240 963 1477 1057"><b>(a.) and (b.)</b> A review of the agency website showed the final audit reports for 2016 and 2019 in which the facility was found to be in compliance with all PREA standards. The facility contracted with this auditor to complete a PREA audit within a 3 year period of the previous audit.</p> <p data-bbox="240 1088 1485 1514"><b>(h.), (i.), and (m.)</b> The facility contracted with this auditor to conduct an audit of Neaves Davis Center for Children. As part of the contract the facility agreed to give the auditor access to, and the ability to observe, all areas of the audited facility. The auditor can confirm that the facility provided her access to all areas of the facility while onsite, including all required staff, detainee, and incident records. On the first day of the onsite audit, the PREA Coordinator provided a guided tour of the facility that included but was not limited to the following: intake, holding cells, master control, all 6 housing pods, the gymnasium, administrative offices, educational classrooms, cafeteria, kitchen, and medical department. The PREA Coordinator opened all storage closets, non-used pods, and maintenance areas at the request of the auditor during the tour. This auditor was allowed to take photos with discretion of pertinent areas such as signage, showers, cells, kitchen and storage area, and camera locations to help support the audit findings. The PREA Coordinator provided requested staff and detainee lists at the onsite of the audit, and the auditor randomly chose pertinent records for review to which the facility complied. The auditor was able to scan the documents reviewed while onsite and these can be found throughout the online audit system under each relevant provision review. The facility provided a private room with video monitoring only to conduct staff and detainee interviews.</p> <p data-bbox="240 1545 1485 1774"><b>(n.)</b> The NDCC PREA Coordinator submitted photos at least 6 weeks prior to the onsite portion of the audit showing the postings of the audit announcement. While onsite, the auditor saw the postings throughout the facility including the entrance to the facility, the doors to the pods and detainee areas, and the administrative offices. During the Random Staff and Random Resident interviews it was disclosed that the PREA audit announcements were posted in advance of the auditor coming onsite that including the confidential contact information of the auditor. The PREA Coordinator reported that the detainees and staff were informed the auditor communications were confidential. The auditor did not receive any confidential communication from staff, detainees, nor third party reporters during the audit process.</p> <p data-bbox="240 1805 419 1832"><b>CONCLUSIONS:</b></p> <p data-bbox="240 1863 1015 1890">NDCC was found to be in compliance with all provisions of standard 115.401.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>115.403</b></p> <p>The following evidence was analyzed in making the compliance determination:</p> <p><b>DOCUMENTS:</b></p> <ul style="list-style-type: none"> <li>* Previous 2 Audit reports</li> <li>* website: <a href="https://madisoncountyjuvenileprobational.weebly.com/">https://madisoncountyjuvenileprobational.weebly.com/</a></li> </ul> <p><b>INTERVIEWS:</b></p> <ul style="list-style-type: none"> <li>* PREA Coordinator</li> </ul> <p><b>FINDINGS:</b></p> <p>(f.) A review of the NDCC website showed the facility has the previous PREA Auditor Reports posted for public review. The auditor observed this during the pre-onsite audit process, and confirmed they were still posted at the conclusion of the post-onsite audit reporting process. The PREA Coordinator confirmed that she would submit the current audit report for publication on the website at the conclusion of this audit.</p> <p><b>CONCLUSIONS:</b></p> <p>NDCC was found to be in compliance with the provision of standard 115.403.</p>

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents 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

<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If 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
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the 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
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
<b>115.317 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: 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
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

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

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (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

<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
<b>115.331 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in 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

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

<b>115.333 (b)</b>	<b>Resident education</b>	
	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
<b>115.333 (c)</b>	<b>Resident education</b>	
	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
<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	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

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

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	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

<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	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

<b>115.342 (c)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	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

<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 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
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	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
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring 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

<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension 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
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, 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

<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information 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
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

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

<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: 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
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency 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

<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

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

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

<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	no
	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?	no
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do 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
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(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

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

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

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