

PREA Facility Audit Report: Final

Name of Facility: Grand Forks Residential Transitional Program

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/31/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
Auditor Full Name as Signed: Candace L. Snyder	Date of Signature: 07/31/2025

AUDITOR INFORMATION	
Auditor name:	Snyder, Candy
Email:	snyder@gwtc.net
Start Date of On-Site Audit:	06/04/2025
End Date of On-Site Audit:	06/05/2025

FACILITY INFORMATION	
Facility name:	Grand Forks Residential Transitional Program
Facility physical address:	201 South 4th Street, Grand Forks, North Dakota - 58201
Facility mailing address:	3501 Westrac Dr. , Fargo, North Dakota - 58103

Primary Contact

Name:	Christopher Shotley
Email Address:	chrissh@centreinc.org
Telephone Number:	7012388064

Facility Director	
Name:	Kelly Anttila
Email Address:	kellyan@centreinc.org
Telephone Number:	701.203.4727

Facility PREA Compliance Manager	
Name:	Kelly Anttila
Email Address:	kellyan@centreinc.org
Telephone Number:	(701) 203-4727
Name:	Leland Higginbotham
Email Address:	lelandhi@centreinc.org
Telephone Number:	701.203.4735

Facility Characteristics	
Designed facility capacity:	28
Current population of facility:	22
Average daily population for the past 12 months:	26
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
In the past 12 months, which population(s)	

<p>has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)</p>	
Age range of population:	18-62
Facility security levels/resident custody levels:	Inmate, Parole, Probation, Pre-Trial
Number of staff currently employed at the facility who may have contact with residents:	34
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	15
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2

AGENCY INFORMATION	
Name of agency:	Centre, Inc.
Governing authority or parent agency (if applicable):	Centre Inc.
Physical Address:	P.O. Box 1269, Fargo, North Dakota - 58107
Mailing Address:	PO Box 1269, Fargo, North Dakota - 58107-1269
Telephone number:	7013654157

Agency Chief Executive Officer Information:	
Name:	Joshua Helmer
Email Address:	joshhe@centreinc.org

Telephone Number:	701-365-4162
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Agency-Wide PREA Coordinator Information			
Name:	Chris Shotley	Email Address:	chrissh@centreinc.org

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>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.</p> <p>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.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
41	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-06-04
2. End date of the onsite portion of the audit:	2025-06-05

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:	Community Violence Intervention Center (CVIC) and the Grand Forks Police Department

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	26
15. Average daily population for the past 12 months:	26
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input 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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	26
25. 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
26. 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
27. 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
28. 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
29. 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
30. 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:	1

31. 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
32. 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
33. 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:	1
34. 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
35. 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):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	31
37. 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:	2

38. 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:	15
39. 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:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<div> <input checked="" type="checkbox"/> Age </div> <div> <input checked="" type="checkbox"/> Race </div> <div> <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input checked="" type="checkbox"/> Length of time in the facility </div> <div> <input type="checkbox"/> Housing assignment </div> <div> <input type="checkbox"/> Gender </div> <div> <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	There is only one housing unit within this facility.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<div> <input checked="" type="radio"/> Yes </div> <div> <input type="radio"/> No </div>

44. 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):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	1
<p>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>	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="818 1469 1469 1630"> <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. </div> <div data-bbox="818 1675 1469 1756"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

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>I interviewed residents and staff at the facility and reviewed screening documents of residents which corroborated that there were no residents with this characteristic to be interviewed.</p>
48. 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:	<p>0</p>
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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>
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>I interviewed residents and staff at the facility and reviewed screening documents of residents which corroborated that there were no residents with this characteristic to be interviewed.</p>
49. 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:	<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>I interviewed residents and staff at the facility and reviewed screening documents of residents which corroborated that there were no residents with this characteristic to be interviewed.</p>
<p>50. 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>I interviewed residents and staff at the facility and reviewed screening documents of residents which corroborated that there were no residents with this characteristic to be interviewed.</p>
<p>51. 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>I interviewed residents and staff at the facility and reviewed screening documents of residents which corroborated that there were no residents with this characteristic to be interviewed.</p>
<p>52. 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>1</p>
<p>53. 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:</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>I interviewed residents and staff at the facility and reviewed screening documents of residents which corroborated that there were no residents with this characteristic to be interviewed.</p>

54. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
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).	I interviewed residents and staff at the facility and reviewed other documents which corroborated that there were no residents with this characteristic to be interviewed.
55. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
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).	This protocol is not required for community confinement facilities.

56. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
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).	This facility does not use segregated housing/isolation.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	10

<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>61. 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>No text provided.</p>

Specialized Staff, Volunteers, and Contractor Interviews

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.

62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

4

63. Were you able to interview the Agency Head?

☒ Yes

☐ No

64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

☒ Yes

☐ No

65. Were you able to interview the PREA Coordinator?

☒ Yes

☐ No

66. Were you able to interview the PREA Compliance Manager?

☒ Yes

☐ No

☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☐ Agency contract administrator
- ☐ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☐ Medical staff
- ☐ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☐ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☐ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	<input type="checkbox"/> Other
68. Did you interview VOLUNTEERS 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 VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
70. 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: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

71. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
75. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
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.	
77. 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?	<input checked="" type="radio"/> Yes <input type="radio"/> No

78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
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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.

79. 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
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

80. 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
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	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.

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

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

82. 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
Total	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.

83. 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
Total	0	0	0	0	0

84. 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
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

2

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no reported allegations of sexual harassment.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<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)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<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)

97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<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)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<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)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<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)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. 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.

☐ Yes

☒ No

Non-certified Support Staff

103. 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.

☒ Yes

☐ No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> Pre-Audit Questionnaire Policy P-19 Sexual Abuse/Assault/Harassment Prevention and Intervention Centre Inc. Organizational Chart <p>Interviews Conducted:</p> <ol style="list-style-type: none"> PREA Coordinator Program Director/PREA Compliance Manager 10 random staff 10 random residents
	<p>Findings by Provision:</p> <p>115.211 (a): Zero-Tolerance Policy</p> <p>Compliance Determination: The Grand Forks Residential Transitional Program (Grand Forks RTP) is a 28-bed community confinement facility for male residents in Grand Forks, North Dakota, operated by Centre Inc. The agency's Policy P-19 is titled</p>

	<p>Sexual Abuse/Assault/ Harassment Prevention and Intervention and follows the guidelines of the PREA standards. This policy will be referenced as Policy P-19 PREA throughout the remaining of this document. Policy P-19 PREA specifically states in the opening purpose paragraphs that Centre Inc. mandates zero tolerance towards all forms of sexual abuse. Policy P-19 PREA outlines the agency's approach for preventing, detecting, and responding to sexual misconduct. There are additional policies that contain more specific information that relates to PREA such as Policy P-18 Searches. However, policy P-19 PREA is the main PREA policy.</p> <p>115.211(b): PREA Coordinator</p> <p>Compliance Determination: The PREA Coordinator holds the title of Director of Operations and has the authority to develop and oversee the efforts of the agency to prevent, detect, and respond to sexual abuse and sexual harassment. The Director of Operations reports to the Executive Director. The Program Director is responsible for PREA compliance within the facility. A Program Manager supervises residential staff who supervise the residents during the day-to-day activities on each unit. The Program Manager assists in the day-to-day PREA-related activities and is well-versed in PREA and is an integral part of ensuring PREA compliance. The PREA Coordinator, the PREA Compliance Manager, and the Program Manager work well together as a team to ensure compliance is achieved and maintained with all PREA standards.</p> <p>The auditor interviewed the PREA Coordinator and found him to be knowledgeable about his role. He stated he has enough time to manage his PREA-related responsibilities. He states he always has PREA at the forefront and feels he takes a proactive approach to client and staff education and training, which is an important part of their prevention efforts. The auditor interviewed the Program Director, who explained the PREA processes that she is responsible for within the facility. There have been no allegations reported in this facility during the past year. The auditor interviewed both staff and residents, who consistently stated during interviews that they were aware of the PREA zero-tolerance policy.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy and the organization chart, and interviews with the PREA Coordinator, the Program Director/PREA Compliance Manager, and the Program Manager, random staff, and random residents. All staff and residents were knowledgeable of the zero-tolerance policy as demonstrated through the interviews.</p>
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:

	<p>1. Pre-Audit Questionnaire</p> <p>Interviews Conducted:</p> <p>1. PREA Coordinator</p> <p>Findings by Provision:</p> <p>115.212 (a): Contracts for confinement of residents comply with PREA Compliance Determination: The Grand Forks RTP does not contract for the confinement of residents with an outside entity.</p> <p>115.212 (b): Contracts provide for contract monitoring to ensure compliance Compliance Determination: The Grand Forks RTP does not contract for the confinement of residents with an outside entity.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire and an interview with the PREA Coordinator.</p>
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115.213	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <p>1. Pre-Audit Questionnaire</p> <p>2. PREA Policy P-19</p> <p>3. Staffing Plan March 2025</p> <p>4. 2025 Staffing Pattern DOCR</p> <p>5. Centre Inc. Organizational Chart</p> <p>6. Staff schedule</p> <p>Interviews Conducted:</p> <p>1. PREA Coordinator</p> <p>2. Program Director/PREA Compliance Manager</p> <p>Findings by Provision:</p> <p>115.213 (a) Staffing Plan Compliance Determination: The auditor reviewed PREA Policy P-19, the 2025 staffing plan review, and interviewed administrators. In calculating adequate staffing levels, the facility takes into consideration: the physical layout of the facility, the composition of the resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors. The auditor toured all areas of the facility and observed all areas, including the housing areas, resident rooms, restrooms, TV lounges, dining room, kitchen, laundry room, storage areas, pat search area, where the resident education is presented, staff areas, and the outside smoking area. While touring the facility, the auditor noted</p>

	<p>camera locations. The auditor came in during all shifts, including the night shift, to see operations at all times of the day. The auditor had informal conversations and made observations about resident supervision. The storage doors were locked, and the facility's practices and procedures ensure staff and residents are not in a one-on-one situation out of camera view. The auditor observed that staffing levels were either at or above the levels indicated in the staffing plan.</p> <p>115.213 (b): Document deviations Compliance Determination: Both the policy and interviews with administrators verify that in circumstances where the staffing plan is not complied with, the facility will document and justify all deviations from the plan and advise the PREA Coordinator as well as the Executive Director. There were no deviations from the staffing plan. The Program Director stated that the Program Manager creates the schedule. If an open shift occurs during that schedule, the on-call staff has to come in to fill the shift. She stated that they have never been below the minimum required staff. Administrators stated staff cannot leave the shift until properly relieved, and if there were a call-out, the on-call would be called to find a replacement staff member, or they would fill the shift themselves.</p> <p>115.213 (c) Annual Review Compliance Determination: The auditor reviewed the 2025 staffing plan which outlines the minimum number of staff on each shift, the composition of the residents, the physical layout of the facility, changes that had been made to the camera system during 2020, and their consideration of any substantiated or unsubstantiated incidents of sexual abuse during their staffing plan review.</p> <p>The auditor determined compliance with this standard through a review of the documents listed above, through direct observations of rounds, staffing patterns, observing staff lines of sight and watching staff monitor the facility both in person and the video monitoring, through a review of the pre-audit questionnaire, interviews with the PREA Coordinator, and the Program Director/PREA Compliance Manager and through random interviews with staff and residents. In informal conversations with residents, many stated they felt safe here and that staff conduct rounds regularly, including managers.</p>
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115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy P-19 PREA 3. Policy P-18 Searches 4. Staff training records

Interviews Conducted:

1. Program Director/PREA Compliance Manager
2. PREA Coordinator
3. 10 random staff
4. 10 random residents

Findings by Provision:**115.215 (a) No Cross Gender strip searches or cross-gender visual body cavity searches**

Compliance Determination: The auditor interviewed staff and residents and reviewed the policy, which states that, except in the case of emergency or other extraordinary or unforeseen circumstances, Centre Inc. restricts cross-gender viewing by nonmedical staff of residents/clients who are nude or performing bodily functions. There have been no cross-gender strip searches or cross-gender visual body cavity searches. The auditor reviewed Policy P-18 Searches, which states that Centre Inc. personnel are not authorized to conduct strip searches. If staff has probable cause or reason to suspect prohibited contraband is being hidden on the person, the Chain of Command will be notified to arrange referral agency approval and law enforcement or medical authority assistance. The Bureau of Prisons prohibits strip searching Federal residents. Staff must have advanced approval of the Executive Director or designee, to strip search. The basis for conducting the strip search and the results must be clearly documented in the client's case file. Staff routinely answered that they do not conduct strip searches or visual body cavity searches.

115.215 (b) No Cross-Gender pat-down searches of female residents

Compliance Determination: This is an all-male resident facility. There are no female residents present.

115.215 (c): Document Cross-Gender Searches

Compliance Determination: Interviews with administrators and staff and a review of policy confirmed that if there were a cross-gender search conducted in an exigent circumstance, they would document this in a written report to the administrators.

115.215 (d) Policies and Procedures for showers, bodily functions, and changing clothing

Compliance Determination: The auditor interviewed residents and staff who confirmed that staff of the opposite gender do not enter the bathroom. Residents and staff consistently stated that during rounds if someone is in the bathroom, staff of the opposite gender knock and announce outside the door and ask for their name to conduct their count. Residents and staff consistently stated that staff of the opposite gender announce as soon as they enter the resident hallway when they are entering the area. The auditor witnessed this while on the facility tour. Residents are informed that they need to change their clothes in the restroom. The auditor spoke with residents who consistently confirmed these procedures.

115.215 (e) Not searching or Examining transgender or intersex to determine genital status

	<p>Compliance Determination: The auditor reviewed the policy, which states that Centre Inc. prohibits searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status. If a resident's genital status is unknown, staff will communicate with the resident, the referral agency and review documentation provided to Centre from the referral agency to assist with determining the resident's status. It is possible to learn this information as part of a broader medical examination conducted in private by a medical practitioner. There were no residents who identified as transgender present to be interviewed. The auditor interviewed the PREA Coordinator, the Program Director/PREA Compliance Manager, and the staff who conduct the intake and screening, who stated that information regarding sexual identity is typically known before the resident arrives, as most residents are arriving from a placement agency. If it is not known ahead of time, they do not conduct strip searches – only pat searches. Identity as a transgender or intersex person would be gathered through conversation with the resident, and then they would ask who they prefer to be pat-searched by, a male or a female staff.</p> <p>115.215. (f) Train staff in how to conduct cross-gender pat-down searches Compliance Determination: Although they do not conduct cross-gender pat searches, the auditor interviewed staff who consistently stated that they participate in cross-gender pat search training. The auditor confirmed this by reviewing employee training records.</p> <p>The auditor determined compliance with this standard through a review of the documents listed above, through direct observations while on the tour, and staff making verbal announcements when they entered housing of the opposite gender, through a review of the pre-audit questionnaire, interview with the PREA Coordinator, and the Program Director/PREA Compliance Manager, and through random interviews with staff and residents. The auditor reviewed the camera coverage, and there is no camera in an area where residents might be in a state of undress. The auditor also had informal conversations with residents regarding their privacy during showering, toileting, and changing clothing.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy P-19 PREA 3. Policy P-11 Referral, Admissions, Intake, and Orientation <p>Interviews Conducted:</p>

1. Agency Head
2. PREA Coordinator
3. Program Director/PREA Compliance Manager
4. 10 random staff

Findings by Provision:

115.216 (a) Residents with disabilities equal opportunity and (b) Access for residents LEP

Compliance Determination: The auditor reviewed Policy P-11 Referral, Admission, Intake, and Orientation, which states that when a literacy or communication problem exists, staff will assist the resident with understanding the material. If the resident does not understand English, staff will notify the Program Director/manager. Residents receive written orientation materials, and the Program Director/Manager will obtain and arrange for access to translation services for the resident if they do not understand English. The auditor reviewed Policy P-19 PREA, which states that all residents, including those who are Limited English Proficiency (LEP), deaf, and disabled, are able to report sexual abuse to staff directly, through interpretive technology, or through non-offender/resident/client interpreters. The Sexual Abuse/Assault Prevention and Intervention packet is communicated appropriately to all incoming residents by staff at the time of orientation. This information packet contains the system for reporting sexual abuse. The auditor interviewed the Executive Director, the PREA Coordinator, and random staff, who confirmed that they will work with residents who may have trouble reading or comprehension due to a disability or cognitive impairment. They read the information and explain it to them at a level they can understand. They can also show the PREA video with subtitles and have written materials for residents who may be deaf or hearing impaired. The interpretive service can assist in the intake process, screening process, education on how to report, and if need be, translate during the investigative process. These procedures were confirmed during staff and resident interviews. There were no residents who needed these services during the onsite phase of the audit to be interviewed. In addition, the auditor reviewed materials provided to residents to include materials that are in both English and Spanish, as Spanish would be the language primarily encountered at this facility.

115.216 (c) Not rely on resident interpreters, readers, or other assistance

Compliance Determination: The auditor reviewed the policy, which states the agency will not rely on resident interpreters, resident readers, or other types of resident assistants. The Program Director/Manager and Case Manager will develop a plan specific to each unique situation designed to ensure all residents have equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and harassment. The auditor interviewed administrators and staff, who consistently stated that they would use their interpreter service, not resident interpreters or assistants.

The auditor determined compliance with this standard through a review of the policies, the interpretation service documentation, and through interviews with administrators, staff, and residents.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy PE-5 Employee Recruitment, Hiring, and Background Checks 3. Policy P-19 PREA 4. Documentation of background checks for employees 5. Documentation of check with prior institutional employer 6. Documentation asking about previous sexual misconduct. <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Human Resources Director 2. PREA Coordinator <p>Findings by Provision:</p> <p>115.217 (a) Not hire or promote, or enlist contractors who have engaged in sexual misconduct</p> <p>Compliance Determination: The auditor reviewed Policy PE-5 Employee Recruitment, Hiring, and Background Checks, which states that Centre managerial/ supervisory staff carefully considers any history of criminal activity at work or in the community, including but not limited to any convictions or adjudications for domestic violence, stalking, and sex offenses. If substantiated, applicants and contractor candidates who have engaged in sexual activity in the community facilitated by force, the threat of force, or coercion, will be disqualified from employment and or working with Centre (residents). This also applies to all potential volunteers. The auditor interviewed the Human Resources Director and the PREA Coordinator, who confirmed compliance with this policy. They conduct reference checks of previous institutional employers and ask the sexual misconduct questions of applicants. The auditor requested and received a random sample of documentation for employees in which these questions have been answered.</p> <p>115.217 (b) Consider sexual harassment incidents when hiring, promoting, or enlisting contractors</p> <p>Compliance Determination: The auditor interviewed the Human Resources Director and the PREA Coordinator, who confirmed their compliance with this policy by conducting reference checks with previous institutional employers and a review of a staff member's personnel record and PREA documentation for any incidents of sexual misconduct when considering an employee for promotion. Centre Inc. conducts background checks and inquiries about previous sexual misconduct when contracting with contractors.</p> <p>115.217 (c) Criminal Background Checks Before hiring new employees</p> <p>Compliance Determination: The auditor reviewed Policy PE-5 Employee Recruitment, Hiring, and Background Checks, which states all applicants for employment with Centre programs or applicants for internship/volunteerism are</p>

required to submit to a criminal background check in accordance with state and/or federal statutes prior to beginning employment or their internship/volunteering.

The auditor interviewed the Human Resources Director and the PREA Coordinator, who stated that they conduct criminal background checks on applicants before an offer of employment is made and on current employees when they are promoted. The auditor reviewed a random sample of employee files and found that the necessary background checks were run for new hires. The auditor requested and received the required documented information of the inquiry made to a previous employer, whether there were any previous substantiated allegations of sexual abuse or resignations pending an investigation of an allegation of sexual abuse for any employees who had previous institutional employment.

115.217 (d) Criminal Background Checks Before enlisting services of contractors

Compliance Determination: The auditor reviewed the policy which states that Centre Inc. prohibits the enlistment of services of any contractor who may have engaged in sexual abuse or harassment in an institution, have been convicted of attempting or engaging in nonconsensual sexual activity in the community, or have been civilly or administratively adjudicated in nonconsensual sexual activity. Centre Inc. conducts criminal background records checks at least every five years on current employees and contractors who may have contact with residents. The auditor interviewed the Human Resources Director and the PREA Coordinator, who stated that they will conduct criminal background checks on contractors before their services can be used at the facility. The auditor reviewed a sample of contractor background checks.

115.217 (e) Criminal Background Checks every five years

Compliance Determination: The auditor reviewed the policy, which states Centre Inc. conducts criminal background records checks at least every five years on current employees and contractors who may have contact with residents. The auditor requested and received a random sample of employees' criminal background checks. All were current within the last five years. The random sample included some background checks for veteran employees who had the most recent five-year update as well as employees who had the background check run during the hiring process this past year.

115.217 (f) Ask applicants and employees annually about previous sexual misconduct

Compliance Determination: The auditor reviewed the Application for Employment and the Performance Review form that ask the required sexual misconduct questions outlined in provision (a) of this standard. These are completed upon hiring and as part of the annual employee review process. Policy P-19 PREA states that Centre Inc. mandates zero tolerance towards all forms of sexual abuse. Types of Sexual Abuse are identified and defined in Section C. "Definitions" of this policy. All employees have a continuing affirmative duty to disclose any such conduct.

115.217 (g) Omissions or false information regarding sexual misconduct

	<p>grounds for termination</p> <p>Compliance Determination: The auditor reviewed Policy PE-5, which states that falsifying any information on an application will be grounds for not hiring and or other disciplinary action up to and including termination.</p> <p>115.217 (h) Provide information on substantiated sexual misconduct by former employees</p> <p>Compliance Determination: The auditor interviewed the Human Resource Manager and the PREA Coordinator who verified that they will 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 the employee has applied to work.</p> <p>The auditor determined compliance with this standard through a review of the policies and a review of human resources forms used in the hiring process. The auditor requested sample documents for employees who were selected randomly by the auditor. The auditor also confirmed these policies and procedures through interviews with the Human Resources Director and the PREA Coordinator.</p>
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115.218	Upgrades to facilities and technology
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy P-19 PREA <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Executive Director 2. Program Director/PREA Compliance Manager <p>Findings by Provision:</p> <p>115.218 (a) Consider design or modification on ability to protect residents</p> <p>Compliance Determination: The auditor reviewed the policy and interviewed the administrators who stated that they will always consider how any changes will contribute to their ability to protect residents from sexual abuse. The auditor directly observed the facility and conducted interviews with the administrators who stated that they consider the protection of residents and the standards when contemplating upgrades to the facility or in the application of technology. They have not made any substantial modifications to their building since the last audit.</p> <p>115.218 (b): Consider how technology may protect residents</p> <p>Compliance Determination: The auditor reviewed the policy and interviewed the administrators who stated that they always consider how technology, including cameras, may enhance their ability to protect residents from sexual abuse. The auditor spoke with administrators who stated they have not made any upgrades or</p>

	changes to cameras or other technology since the last audit.
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy P-19 PREA 3. Investigative training certificates 4. North Dakota Sexual Assault Evidence Collection Protocol 5th Edition 5. MOU with Grand Forks Police Department 6. MOU with Community Violence Intervention Center (CVIC) <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. 10 random staff 3. Program Director/PREA Compliance Manager/Administrative Investigator 4. Community Violence Intervention Center (CVIC) <p>Findings by Provision:</p> <p>115.221 (a) Follow uniform evidence protocol</p> <p>Compliance Determination: The auditor reviewed the training documentation and interviewed an administrative investigator to verify that all investigators are trained in uniform evidence protocol. Centre Inc. administrative investigators have completed the North Dakota Department of Corrections and Rehabilitation (ND DOCR) course Investigating Sexual Abuse in a Correctional Setting. The auditor interviewed the Program Director/PREA Compliance Manager, who has also been trained as an administrative investigator and found her to be well trained, meeting all the requirements of the standard. The evidence protocol is followed both at the facility and through evidence collection during the forensic examination. The Centre staff work cooperatively with the Grand Forks Police Department and the SANE to ensure all usable physical evidence is gathered</p> <p>115.221 (b) Evidence protocol adapted “A National Protocol for Sexual Assault Medical Forensic Exams</p> <p>Compliance Determination: The auditor reviewed the MOU with the Grand Forks Police Department that states they will utilize protocol based on the DOJ’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. The auditor also reviewed the North Dakota Sexual Assault Evidence Collection Protocol 5th Edition that is used by law enforcement in North Dakota. This guide is used to provide guidance and recommendations of practice for medical care and Sexual Assault Response Teams</p>

who provide care to those who report sexual assault.

115.221 (c) Offer victims forensic medical examinations

Compliance Determination: The auditor reviewed Policy P-19 PREA, which states that Centre Inc. will refer all victims (client/offender-on-client/offender of staff-on-client/offender) of sexual abusive penetration to a qualified forensic medical examiner. All forensic medical exams will be provided free of charge to the victim. The auditor discussed with the Program Director/PREA Compliance Manager who stated residents who have been sexually assaulted would be transported to Altru Hospital, where there are SANE nurses to conduct forensic examinations. There have been no forensic medical exams conducted during the past 12 months. The auditor interviewed a random sample of staff to confirm they understand their responsibilities to preserve and protect evidence.

115.221 (d) Make victim advocate available

Compliance Determination: The auditor reviewed Policy P-19 PREA, which states that Centre Inc. will make available or provide by referral a victim advocate to accompany the victim through the forensic medical exam process. Centre Inc. maintains a memorandum of understanding with the Community Violence Intervention Center (CVIC) to provide these services. The auditor also verified through viewing posters while on the facility tour, through a review of resident training materials, and through random resident and staff interviews that the contact information for the CVIC program is available to all residents. The auditor verified it was a free call by calling the CVIC from the residents' phone. It is also important to note that the CVIC program is located adjacent to the Centre Inc. in Grand Forks. Several residents stated to the auditor that if they needed victim support services, they would simply go next door and speak with CVIC staff. The auditor interviewed the PREA Coordinator, who confirmed that they would always ask the resident if an advocate can be provided from the Community Violence Intervention Center (CVIC).

115.221 (e) Victim advocate accompanies to forensic exam, interviews, emotional support etc.

Compliance Determination: The auditor interviewed a staff member from the CVIC who confirmed that they have an MOU with the facility and that they would provide the resident with advocacy that included emotional support services either over the phone or in person, accompanying them to the hospital for support during a forensic exam, support during investigative interviews, and through the court process.

115.221 (f) Request investigating agency follow provisions (a)-(e)

Compliance Determination: The auditor reviewed the MOU with the Grand Forks Police Department and interviewed the PREA Coordinator to verify that they have requested that the Grand Forks Police Department follow the provisions (a) through (e) of this standard.

115.221 (g) Provisions (a)-(e) apply to State and DOJ investigators

Compliance Determination: The auditor interviewed the PREA Coordinator who

	<p>also stated that they and any other investigatory entity would always be required to protect and collect the evidence, offer a SANE forensic examination, and provide an advocate.</p> <p>115.221 (h) Qualified agency staff member screened and educated to advocate</p> <p>Compliance Determination: The auditor interviewed the PREA Coordinator, the Program Director/PREA Compliance Manager, and random staff who all consistently stated that they would use CVIC versus a trained staff member for advocacy.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of policy, and the documentation as stated in each provision above. The auditor also drew on interviews with the PREA Coordinator, the local rape crisis center, and interviews with random staff.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy P-19 PREA 3. Investigative Reports 4. Centre Inc. website <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Executive Director 2. Program Director/PREA Compliance Manager/Administrative Investigator 3. PREA Coordinator <p>Findings by Provision:</p> <p>115.222 (a) Administrative or criminal investigation completed for all allegations</p> <p>Compliance Determination: The auditor reviewed Policy P-19 PREA which states that an investigation is conducted and documented whenever a sexual assault or threat is reported. The auditor interviewed the Executive Director who stated that all allegations are reported to the PREA Coordinator. The Executive Director stated that the PREA Coordinator discusses all allegations with him to keep him informed. They will discuss whether it is a situation that needs to be reported to law enforcement. The PREA Coordinator will assign an administrative investigator, or he will conduct the administrative investigation. Interviews with the PREA Coordinator and the Program Director and a review of procedures outlined in the policy confirmed this process.</p> <p>115.222 (b) Policy to ensure all allegations are referred for investigation</p>

	<p>on website</p> <p>Compliance Determination: The auditor reviewed the Centre Inc. website at https://irp.cdn-website.com/8e752256/files/uploaded/Centre-_Inc._-_Sexual_Abuse_-Assault_Harassment_Prevention_and_Intervention_Program_Policy.1.pdf. The website has Policy P-19 PREA in its entirety posted which includes the section that states that if the allegations of sexual abuse or sexual harassment have the potential for criminal prosecution, investigating staff will refer the incident to local law enforcement agencies who have legal authority to conduct criminal investigations.</p> <p>115.222 (c) Investigation policy describes responsibilities for conducting criminal investigation</p> <p>Compliance Determination: The auditor verified through policy and through interviews with the PREA Coordinator and Program Director/PREA Compliance Manager that they will ensure that an administrative or criminal investigation is completed for all allegations of sexual violence, sexual misconduct, sexual harassment, or retaliation. The PREA Coordinator will determine if the allegation is potentially a criminal offense and will refer appropriate incidents to the Grand Forks Police Department and these referrals will be documented. There were no allegations reported during 2024 or 2025. However, the auditor reviewed two reported allegations from 2023 and interviewed the PREA Coordinator, and the administrative investigator who corroborated compliance with the standard and the facility's policies. These reviewed investigations also provided documentation that allegations are referred to the Grand Forks Police Department for criminal investigation when required.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of the PREA policy, a review of two investigative reports, and through interviews with the Executive Director, the PREA Coordinator, and the Program Director/PREA Compliance Manager (who is an administrative investigator).</p>
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115.231	Employee training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy P-19 PREA 3. PREA Employee training curriculum 4. Initial Staff Orientation/Training Checklist 5. Staff training records <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Program Director/PREA Compliance Manager 2. 10 random staff

Findings by Provision:**115.231 (a) Train all employees**

Compliance Determination: The auditor reviewed Policy P-19 PREA which states that all new employees shall receive instruction on the specifics of the Sexual Abuse Assault Prevention and Intervention Policy and Procedure during their initial employee orientation training. This will include instruction related to the prevention, detection, response and investigation of sexual assaults and staff sexual misconduct. The Centre uses various training curriculum such as on-the-job training taught in person by veteran staff, curriculum developed by Relias in their online learning system, and from credible sources such as the PREA Resource Center "Guidance on Cross Gender and Transgender Pat Searches" and the National Institute of Corrections PREA training modules. All staff are required to also view the PREA video, "PREA: What You Need to Know" that is provided to residents so that they are familiar with the information the residents receive. Centre Inc. provides an initial orientation training as well as annual refresher training to ensure that all staff know the required components regarding PREA as well as the current sexual abuse and sexual harassment policies and procedures. The auditor interviewed the Program Director/PREA Compliance Manager and staff and reviewed the training curriculum. A review of the PREA training curriculum confirms that the training includes information on components required by the standard and outlined within their policy.

115.231 (b) PREA Training tailored to gender of residents

Compliance Determination: The auditor interviewed a random selection of staff. Only male residents are housed at this facility. Staff were able to state during the interviews the differences in supervising male vs. female residents. Several staff stated that many of the male residents' motivations are about power and control and as a form of manipulation to get what they want through strongarming or threats.

115.231 (c) PREA Refresher training every two years and on policy in year when no refresher

Compliance Determination: The auditor reviewed Policy P-19 PREA which states employees will receive refresher training/review of the policy and procedure will be conducted on an annual basis thereafter. The auditor reviewed the training files and interviewed the Program Director/PREA Compliance Manager and random staff. Initial PREA training is provided for all new hires and then continues annually. During interviews, staff were knowledgeable in the required competencies and stated that they have PREA training every year that includes a basic refresher on the main PREA components with additional training components added occasionally on their e-learning about more narrow topics.

115.231 (d) Document all staff training

Compliance Determination: The auditor reviewed Policy P-19 PREA which states all training will be documented. The auditor interviewed the Program Director/PREA Compliance Manager and random staff and reviewed the training documentation which included the name of the employee, the title of the training such as PREA Pt. 2 Dynamics of Sexual Abuse in Corrections, PREA video, and other training such as

	<p>Guidance on Cross-Gender and Transgender Pat Searches, and Policy Review and Acknowledgement. The Relias learning system documents, through electronic verification, that staff understand the training they have received.</p> <p>The auditor determined compliance with this standard through a review of the training policy, a review of the pre-audit questionnaire, a review of the curriculum, and a review of training records. The auditor also confirmed these policies and procedures through interviews with the Program Director/PREA Compliance Manager and staff.</p>
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115.232	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy P-19 PREA 3. Contractor training documentation <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. 2 Volunteers <p>Findings by Provision:</p> <p>115.232 (a) PREA Training for all volunteers and contractors</p> <p>Compliance Determination: The auditor reviewed Policy P-19 PREA which states that volunteers and contractors who have contact with residents will be trained on the specifics of the Sexual Abuse Assault Prevention and Intervention Policy and Procedure including the agency's zero-tolerance policy and information on how to report such incidents. Contractors and Volunteers are provided in-person training at the time they begin their services. Most of the contractors are vendors such as building services personnel who do not have interaction with residents. They are still required to receive an overview of PREA and their responsibilities. They sign the PREA Compliance Acknowledgement form for Contractors, Vendors, and Volunteers. There are two Wellbriety volunteers who provide services to residents. Wellbriety circles is a program that combines indigenous values with AA principles to aid in recovery by emphasizing cultural values, spirituality, and community support for comprehensive healing. The auditor interviewed the two Wellbriety volunteers who both confirmed that they had an in-person training in which PREA was explained, the Centre's zero tolerance policy, and their responsibility to report. The volunteers also signed the PREA Compliance Acknowledgement form for Contractors, Vendors, and Volunteers</p> <p>115.232 (b) Level and type of training based on level of service and contact</p>

	<p>Compliance Determination: The auditor spoke with the PREA Coordinator who stated that the level and type of training is based on the services they provide and the level of contact they have with residents, but all are taught at a minimum about the zero-tolerance policy regarding sexual abuse, sexual assault/rape, sexual misconduct and sexual harassment and informed how to report such incidents.</p> <p>115.232 (c) Document all volunteer and contractor training</p> <p>Compliance Determination: The auditor reviewed documentation confirming contractor and volunteer training on the PREA Compliance Acknowledgement form for Contractors, Vendors, and Volunteers.</p> <p>The auditor determined compliance with this standard through a review of the training policy, a review of the pre-audit questionnaire, a review of the curriculum, and a review of training records. The auditor also confirmed these policies and procedures through interviews with the PREA Coordinator and two volunteers.</p>
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115.233	Resident education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy P-19 PREA 3. Resident Intake Packet 4. Posters posted throughout the facility 5. 10 Intake Overview for Clients on Sexual Abuse/Assault Prevention and Intervention signature forms 6. 10 Orientation forms signed by residents <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Program Director/PREA Compliance Manager 2. Intake Staff 3. 10 random residents <p>Findings by Provision:</p> <p>115.233 (a) Residents receive PREA training at intake</p> <p>Compliance Determination: The auditor reviewed Policy P-19 PREA which states written policy, procedure, and practice ensure that information is provided to residential clients about sexual abuse/assault including: prevention/intervention (recognizing behaviors that are inappropriate, harassing, or assaultive; self protection; reporting sexual abuse assault & privacy rights including how to confidentially report sensitive issues to facility staff, the referral agent, local law enforcement; and/or the Office of Inspector General; treatment and counseling; For BOP referrals: it includes a discussion of filing an administrative remedy directly to the Regional Office when the issue is considered sensitive in accordance with the</p>

Program Statement on the Administrative Remedy Program. During the initial orientation with on duty-staff, the resident receives a copy of the "Sexual Abuse/ Assault Awareness/Information" pamphlet. The staff person and client review the materials which includes techniques for prevention; self protection, reporting of sexual abuse or assault, and how to seek counseling if the client has been a victim of a sexual assault. The residents' education was evident in the residents' responses during the interviews.

115.233 (b) Refresher provided whenever a resident is transferred

Compliance Determination: The auditor interviewed a staff member that completes the intake process who stated that everyone that comes into the facility completes the same, full, PREA intake process regardless of where they came from – even if they just had PREA information at their previous placement. Interviews with residents also confirmed that all residents receive the information regardless of whether they were transferred from another facility.

115.233 (c) Resident training in formats accessible to all, including LEP, and those with disabilities

Compliance Determination: The auditor reviewed Policy P-19 PREA which states that appropriate provisions will be made as necessary for clients with limited English proficiency, clients with disabilities and clients with low literacy levels. The agency will not rely on resident interpreters, resident readers or other types of resident assistants. The Program Director/Manager and Case Manager will develop a plan specific to each unique situation designed to ensure all residents have equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and harassment. There were no residents that needed interpretation services, but the auditor verified that this service is available to them. The facility uses contracted interpretation service. Staff stated they will read the material aloud to residents who may need assistance due to visual impairments, learning disabilities, literacy or comprehension problems, or other reasons that require staff to give them specialized training. Several of the residents confirmed that the material is verbally explained to them.

115.233 (d) Document all resident education

Compliance Determination: The auditor reviewed Policy P-19 PREA which states that the staff and client sign acknowledgement. The acknowledgement is maintained in the client's case file. The auditor interviewed intake staff and reviewed resident training documentation. Each part of the intake packet is explained to the resident. The resident and the staff member that completed the intake guide then sign and date the intake form. The resident is given five days to complete the entire orientation process and once that is complete, they also sign the orientation form. This serves as a double check to ensure that all orientation information is provided to them. The auditor reviewed a sample of ten Intake Overview for Clients on Sexual Abuse/Assault Prevention and Intervention signature forms and ten Orientation forms signed by residents.

115.233 (e) Key information continuously and readily available

Compliance Determination: The auditor interviewed intake staff and residents

	<p>who stated that during the orientation process they point out where the posters are located that have PREA reporting information. This information is also in their handbook and in the pamphlets that are given to them at intake. The auditor viewed this information while on the facility tour.</p> <p>The auditor verified compliance with this standard through a review of the resident training information and signed resident training documentation. The auditor also confirmed these policies and procedures through interviews with the Program Director/PREA Compliance Manager, intake staff, and random residents.</p>
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy P-19 PREA 3. Training certificates of Specialized Investigator Training <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Administrative Investigator (Program Director/PREA Compliance Manager) <p>Findings by Provision:</p> <p>115.234 (a) Specialized training for Administrative investigators Compliance Determination: The investigators for the Centre Inc. Grand Forks RTP have received specialized training as facility administrative investigators through the North Dakota Department of Corrections and Rehabilitation (ND DOCR) course Investigating Sexual Abuse in a Correctional Setting. There are three trained investigators for this facility. The auditor interviewed the Program Director/PREA Compliance Manager who is one of the trained administrative investigators and found her to be well trained to meet all the requirements of the standard. These interviews and a review of training documentation demonstrated compliance with this standard.</p> <p>115.234 (b) Investigator training includes Miranda and Garrity, evidence collection, etc. Compliance Determination: The auditor reviewed the training curriculum and interviewed an administrative investigator to confirm that the training contains the required components to include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>115.234 (c) Document specialized investigator training</p>

	<p>Compliance Determination: The auditor reviewed training certificates for investigators to confirm that they document the required training.</p> <p>115.234 (d) State or DOJ investigators specialized training</p> <p>Compliance Determination: The auditor interviewed the PREA Coordinator to confirm that all investigators that investigate sexual abuse in confinement settings are provided training.</p> <p>The auditor verified compliance with this standard through a review of the investigator training information and training certificates. The auditor also confirmed these policies and procedures through interviews with the PREA Coordinator. The auditor also confirmed investigative knowledge through an interview with the Program Director/PREA Compliance Manager who is also a trained investigator.</p>
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115.235	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Program Director/PREA Compliance Manager <p>Findings by Provision:</p> <p>115.235 (a) - (d) Specialized training for medical and mental health staff</p> <p>Compliance Determination: The auditor interviewed the PREA Coordinator and the Program Director/PREA Compliance Manager who stated that medical and mental health care services are provided to residents in the community.</p>

115.241	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy P-19 PREA 3. Random sample of 10 initial PREA Risk Assessments 4. Random sample of 10 30-day PREA Risk Assessments

Interviews Conducted:

1. PREA Coordinator
2. 10 random staff
3. 10 random residents
4. Staff member who administers the risk screening

Findings by Provision:**115.241 (a) All residents assessed during intake**

Compliance Determination: The auditor reviewed Policy P-19 PREA which requires that all clients are assessed using the Centre Initial Assessment during their intake screening. The auditor also interviewed a staff member who walked the auditor through the screening process. The auditor interviewed a random sample of residents who stated that they were all assessed upon intake. The auditor reviewed a random sample of ten intake assessments.

115.241 (b) Intake screening within 72 hours of arrival

Compliance Determination: The auditor interviewed both staff and residents and reviewed the screening documentation to verify that the screening occurs within 72 hours of arrival. The auditor compared the date of the residents' intake with the date of the Initial Assessment. All residents were assessed even if they were transferred from another facility.

115.241 (c) Objective screening

Compliance Determination: The screening is completed through the use of an interview form where the staff gathers some basic information. This information is then inputted into the Intake Assessment form. The form includes all questions required of this standard. The assessment used is objective and leads to a presumptive determination of risk using a point system. Questions are weighed up depending on the seriousness and correlation to a propensity to victimize or be victimized. An offender scores a specified point value based on the questions answered and other factors such as a record review of offense history or a substantiated sexual assault or sexual abuse investigation or a history of sexual victimization within a correctional setting. The score value determines the outcome of Potential Victim, Potential Aggressor, Known Aggressor or Unrestricted for offenders who did not score with any victim or aggressor characteristics.

115.241 (d) Screening criteria for risk of sexual victimization

Compliance Determination: The auditor reviewed the Intake Assessment. The Intake Assessment considers if the resident has a history of being a victim of predatory or aggressive sexual actions. It considers if the resident is intellectually/ cognitively challenged, mentally ill, has a physical or medical disability or a mental condition that may make them vulnerable in a correctional facility. It considers other vulnerability factors such as their age, physical build, if their offense history is exclusively non-violent, if they verbalize fear for their personal safety or sexual victimization. It considers if the resident identifies as lesbian, gay, bisexual, transgender, intersex or gender non-conforming. The auditor reviewed sample assessments. The screening considers the criteria to assess residents for risk of sexual victimization as required by the standard. The auditor interviewed the staff

who administers the assessment and the PREA Coordinator who confirmed that they affirmatively ask directly if the resident openly defines their sexual orientation as other than heterosexual or if the resident expresses fear of being harmed.

115.241 (e) Screening criteria for risk of being sexually abusive

Compliance Determination: The auditor reviewed the Intake Assessment. The Intake Assessment considers the potential as an aggressor through questions regarding their history of sexual predatory behavior, professional diagnosed with paraphilia, if they have a domestic abuse protective order or a history of assaultive behavior (physical or sexual). The auditor reviewed sample assessments. The screening considers the criteria to assess residents for risk of sexual perpetration as required by the standard

115.241 (f) Reassessment within 30 days of intake

Compliance Determination: The auditor interviewed both staff and residents and reviewed a sample of the rescreening documentation to verify that the screening occurs again within 30 days of arrival. The auditor compared the date of the residents' intake with the date of the 30-day reassessments. All residents within the sample were reassessed within 30 days of arrival.

115.241 (g) Reassessment when referred, requested, incident of sexual abuse or additional info

Compliance Determination: The auditor interviewed the PREA Coordinator who stated that a resident's risk level will be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. There were no referrals or reported allegations within the past two years and therefore there were no reassessments to sample.

115.241 (h) Residents not disciplined for refusing to answer regarding disabilities, LGBTI, previous sexual victimization, perception of vulnerability

Compliance Determination: The auditor interviewed a staff who administers the assessments who stated that residents are not disciplined for refusing to answer, or for not disclosing complete information in response to questions these questions.

115.241 (I) Appropriate controls on dissemination of reassessment information

Compliance Determination: The auditor reviewed Policy P-19 PREA which states that *Dissemination of resident Intake Screening information within the facility will be done so on a "Need To Know" basis amongst personnel. Sensitive information will not be exploited by staff or other residents. Staff accessing "INITIAL ASSESSMENT/ RE-ASSESSMENT PRISON RAPE ELIMINATION ACT" document for any purpose other than to make informed decisions within the scope of their assigned duty is prohibited. Centre Inc. personnel who do not have job responsibilities specific to this standard will not be granted access to this specific information within the agency's electronic case file system "SecurManage". The auditor interviewed the PREA Coordinator, and a staff member who administers the assessment. The facility

	<p>implements appropriate controls on the dissemination within the facility of responses to questions asked according to this standard. The electronic files are secured and controlled by credentials given only to those who have a need for access to perform their duties. The staff member who administers the assessment stated they conduct the screening in a quiet area away from others and maintain the files in a controlled manner. Documents stored electronically are stored in a secure drive that requires a password to access.</p> <p>The auditor verified compliance or non-compliance with this standard through a review of a sample of screening and re-screening documents, and interviews with staff and residents.</p>
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115.242	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy P-19 PREA 3. Random sample of 10 Initial Assessments 4. Resident Roster <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Staff who administers the Assessments 3. 1 LGBTI Interview Protocol <p>Findings by Provision:</p> <p>115.242 (a) Assessment info used for housing, bed, work, education, and program assignments</p> <p>Compliance Determination: The auditor reviewed Policy P-19 PREA which states clients will be screened within 48 hours of arrival at all residential facilities for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Sleeping room assignments will be made or adjusted accordingly. If at any time (intake, or any time thereafter) staff identifies a client with a history of sexual predation or sexual victimization, WHICH HAS NOT BEEN PREVIOUSLY DOCUMENTED, staff will report this information to the Director of Operations and referral contact person. Case Managers, Residential Staff and Program Managers will utilize risk screening results to assist with ensuring potential victims (those at risk for being sexually victimized) will be separated from potential aggressors (those at high risk of being sexually abusive) when assigning programming, work and education where possible. The agency shall use information from the risk screening required by § 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those</p>

residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The auditor interviewed the PREA Coordinator who stated that the information from the risk screening is utilized to determine housing and other program decisions. The PREA Coordinator stated that they choose the most appropriate housing for their safety. The auditor reviewed resident risk screenings and resident housing assignments to ensure that residents with the potential for sexual perpetration are not housed with residents assessed to have the potential to be victimized.

115.242 (b) Individualized determinations

Compliance Determination: The auditor reviewed Policy P-19 PREA which states the agency shall make individualized determinations about how to ensure the safety of each resident. The auditor interviewed the PREA Coordinator who stated that for all residents they want their input and perspective on where they will be safely housed. They talk with the referral source and always consider resident safety when making placement decisions. He stated that everyone's placement, both the resident being interviewed, and all residents' placement, has to meet their needs and they consider how it affects other residents.

115.242 (c) Case-by-case basis on a transgender or intersex resident's housing and programming assignments

Compliance Determination: The auditor reviewed Policy P-19 which 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. This was confirmed through an interview with the PREA Coordinator. There were no residents who identified as transgender, or intersex housed in the facility while the auditor was onsite.

115.242 (d) Transgender or intersex resident's own views given serious consideration

Compliance Determination: The auditor reviewed Policy P-19 which states that a transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration. The auditor interviewed the PREA Coordinator who confirmed that a transgender or intersex resident's own views with respect to his or her own safety is taken into consideration as they want their input and perspectives from all residents as to how they can be safely housed.

115.242 (e) Transgender or intersex resident opportunity to shower separately

Compliance Determination: The auditor reviewed Policy P-19 PREA which states that transgender and intersex residents shall be given the opportunity to shower separately from other residents. The PREA Coordinator stated that they would close off the shower area to other residents and provide a transgender or intersex resident a separate shower time. Staff will clear the showers of other residents, then monitor the shower entrance to ensure privacy until the shower is complete.

	<p>115.242 (f) LGBTI residents not placed in dedicated facilities, units, or wings on such identification</p> <p>Compliance Determination: The auditor reviewed Policy P-19 PREA which states that the agency shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents. The auditor interviewed the PREA-Coordinator who stated the decision is based solely on the assessment or other classification requirements, not on sexual orientation. The auditor interviewed a resident who stated that he was sure that how he identifies was not used to determine his housing assignment.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of the PREA Policy, a review of screening documents and evaluating the resident roster with housing assignments and through interviews with the PREA Coordinator, the staff who administers the assessment, and a resident.</p>
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115.251	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy P-19 PREA 3. Posters 4. Staff training documents 5. Resident training documents <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Program Director/PREA Compliance Manager 3. 10 random staff 4. 10 random residents <p>Findings by Provision:</p> <p>115.251 (a) Multiple internal ways to report</p> <p>Compliance Determination: The auditor reviewed Policy P-19 PREA which states that the agency provides 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. The auditor interviewed staff and residents, reviewed policy, and toured the facility. The auditor interviewed residents who provided multiple ways that they could report internally.</p>

All residents interviewed said they would report by telling a staff. They were able to list other ways to report but said they would still probably just tell staff. Both from observations and through interviews with the residents it is apparent that most residents have a staff at the facility that they trust to do the right thing for them.

115.251 (b) At least one way to report to an external entity

Compliance Determination: The auditor reviewed Policy P-19 PREA which states the agency also informs residents of at least one way 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 are provided with the address to the NDDOCR PREA Coordinator. Residents referred to the program by the Bureau of Prisons (BOP) are provided the phone number and address to the Regional Residential Reentry Manager. Residents are also informed that they can call local law enforcement – the Grand Forks Police Department. The auditor spoke with both staff and residents who verified that they can easily access these external reporting entities. They were given the information at intake, and it is on the green posters. The auditor performed test calls to the DOCR PREA Coordinator, the BOP Regional Residential Reentry Manager, and the Grand Forks Police Department. All confirmed that they would receive reports from the Grand Forks RTP residents and report the information immediately to the Grand Forks RTP administrators and allow the residents to remain anonymous upon request. The residents are also instructed that they can ask staff for a stamped envelope at any time. They do not have to inform the staff of the purpose of the request. This envelope can be used to address a letter to the DOCR or to the Residential Reentry Manager. The envelope does not need their name in the return address, and it will be mailed without being opened or they can mail it when they are out of the building.

115.251 (c) Staff accept reports made

Compliance Determination: The auditor reviewed Policy P-19 PREA staff accepts reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The auditor interviewed staff who stated that they would immediately report the incident to the Program Director/PREA Compliance Manager or the on-call supervisor. They would document any verbal reports right away but definitely before the end of their shift. The auditor interviewed the administrators and staff who stated that staff accepts reports any way that it is reported. The sample of residents interviewed stated the various ways that they can make a report.

115.251.(d) Method for staff to privately report

Compliance Determination: The auditor reviewed Policy P-19 PREA which states that the agency provides a method for staff to privately report sexual abuse and sexual harassment of residents by accepting verbal, written and anonymous reports. Staff consistently stated that if they needed to report for some reason to staff other than the Program Director or the on-call supervisor, they would report directly to the PREA Coordinator, but several stated that they can report to anyone – even the external reporting entities available to the residents.

	<p>All residents have unrestricted access to phones and most residents have personal cell phones. The residents can request postage and give their letters to any staff, slide them under the office door, or mail them in the community while they are out of the building. Most residents have cell phones and there is a bank of phones in both housing areas. Calls are free and not recorded. The green PREA Reporting Posters list reporting methods and includes that calls and letters are free and allows them to remain anonymous.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA Policy, a review of posters, the resident training materials for both staff and residents, test calls to the external reporting entities, and through interviews with the PREA Coordinator, the Program Director, a random sample of staff and a random sample of residents.</p>
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115.252	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy P-7 Grievance/Administrative Remedy 3. Resident training materials <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>Findings by Provision:</p> <p>115.252 (a) Exempt if no administrative procedures to address sexual abuse grievances</p> <p>Compliance Determination: The auditor reviewed Policy P-7 Grievance/Administrative Remedy, which outlines how a resident can file a grievance alleging sexual abuse. Because PREA allegations can be processed as a grievance at this agency, they are not exempt from this standard.</p> <p>115.252 (b) - (d) No time limit to submit grievance alleging sexual abuse; do not have to use informal grievance process; do not have to submit to staff who is subject of complaint;</p> <p>Compliance Determination: The auditor reviewed Policy P-7 Grievance/Administrative Remedy regarding using the grievance system to report an allegation of sexual abuse, the handbook, and conducted staff and resident interviews. The policy section regarding administrative remedies mirrors the wording of Standard 115.252. The Grand Forks RTRC does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. They do not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff an alleged incident of sexual abuse. They ensure that a resident</p>

	<p>who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. They issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.</p> <p>115.252 (e) Third parties are permitted to assist or file grievance on behalf of a resident Compliance Determination: The policy does not allow residents to submit grievances for other residents in other types of grievances, but does for an incident alleging sexual abuse. Policy P-7 has the words verbatim from the standard with regard to using the grievance process to report an allegation of sexual abuse. Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing requests for grievances relating to allegations of sexual abuse, and are also permitted to file such requests on behalf of residents</p> <p>115.252 (f) Agency shall establish emergency grievance procedures Compliance Determination: Centre Inc. has established procedures for the filing of an emergency grievance when the resident is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a substantial risk of imminent sexual abuse, the grievance is immediately forwarded to the Administrator for immediate corrective action and provides an initial response within 48 hours and issues a final decision within five calendar days. The initial response and final decision documents their determination of whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The Grand Forks RTP may discipline a resident for filing a grievance related to alleged sexual abuse only where the administrator demonstrates that the resident filed the grievance in bad faith.</p> <p>115.252 (g) May discipline a resident only when demonstrated the resident filed the grievance in bad faith Compliance Determination: The Grand Forks RTP may discipline a resident for filing a grievance related to alleged sexual abuse only where the administrator demonstrates that the resident filed the grievance in bad faith.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of the grievance policy, a review of posters, the resident training materials for both staff and residents, and through an interview with the PREA Coordinator. There have been no allegations reported through the grievance system.</p>
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed:

1. Pre-Audit Questionnaire
2. Policy P-19 PREA
3. Posters on access to support services
4. MOU with Community Violence Intervention Center (CVIC)

Interviews Conducted:

1. Program Director/PREA Compliance Manager
2. PREA Coordinator
3. 10 random residents
4. Community Violence Intervention Center (CVIC)

Findings by Provision:

115.253 (a) Access to outside victim advocates for emotional support

Compliance Determination: The auditor reviewed Policy P-19 PREA, which states that Centre Inc. personnel adhere to PREA Standard 115.253 Resident access to outside confidential support services. Attachment A of the policy states that the facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations, in as confidential a manner as possible. The auditor reviewed the resident training information and noted posters throughout the facility that had the Community Violence Intervention Center (CVIC) contact information. The auditor also interviewed a random sample of residents to verify that they are aware of the availability of emotional support services from CVIC. The auditor interviewed the Program Director/PREA Compliance Manager, the PREA Coordinator, and a random sample of residents. Both staff and residents stated that residents prefer to use their personal cell phones, which are easier to use, provide for more privacy, they are free of charge with no immediate monitoring (staff can review the cell phone at any time, but the call is not monitored). However, the residents were aware of the resident phones and the directions near the phones on how to contact the CVIC. The auditor performed a test call from the facility and reached the CVIC and spoke with a crisis line counselor, who confirmed that they would provide these services. It is important to note that CVIC is located in the building adjacent to the Grand Forks RTP, and many residents mentioned this during their interviews with the auditor.

115.253 (b) Inform residents extent that communications are monitored and when forwarded to authorities due to mandatory reporting laws

Compliance Determination: The auditor reviewed Policy P-19 PREA, which states that 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 mandatory reporting laws. The auditor used the resident's phone to place a call to CVIC, which did not require a PIN and was not recorded. The auditor also interviewed a random sample of residents to verify that they are aware that the phone to the Community Violence Intervention Center (CVIC) is not monitored or recorded, and their communication with the Community Violence Intervention Center (CVIC) is confidential.

	<p>115.253 (c) MOU with community providers of emotional support services</p> <p>Compliance Determination: The auditor reviewed the MOU that the Grand Forks RTP entered into with the Community Violence Intervention Center (CVIC). The MOU outlines the services to provide an advocate, provide accompaniment and support through the forensic medical examination process and investigatory interviews, emotional support, crisis intervention, information, and referrals. The auditor spoke with a crisis line counselor who verified they had an MOU with the facility and that they would provide services to any resident who requested them.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, the resident PREA information, the posters throughout the facility, and the MOU with the Community Violence Intervention Center (CVIC), and through interviews with the Program Director/PREA Compliance Manager, the PREA Coordinator, and a random sample of residents.</p>
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Information on Centre Inc. website <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>Findings by Provision:</p> <p>115.254 (a) Establish method to receive third-party reports - reporting info on website</p> <p>Compliance Determination: The auditor reviewed the Centre Inc. website at https://www.centreinc.org/prea. The website states, "If you have questions regarding anything related to PREA, how Centre complies and/or is impacted, or if you wish to make a third-party (family member, friend, attorney, advocate) report of sexual abuse or sexual harassment on behalf of residents within our facilities, please contact Chris Shotley at (701) 365.4157.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of the PREA policy, a review of the website, by testing the third-party reporting option, and through an interview with the PREA Coordinator.</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

1. Pre-Audit Questionnaire
2. Policy P-19 PREA

Interviews Conducted:

1. Program Director/PREA Compliance Manager
2. PREA Coordinator
3. 10 random staff

Findings by Provision:

115.261 (a) All staff to report immediately

Compliance Determination: The auditor reviewed Policy P-19 PREA which states that the agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; 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 auditor interviewed the Program Director/PREA Compliance Manager, the PREA Coordinator, and random staff who consistently stated that staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. When an allegation of sexual abuse or sexual harassment is reported, the allegation is immediately turned over to the Program Director/PREA Compliance Manager. The Program Director/PREA Compliance Manager reports it to the PREA Coordinator, who ensures an investigation is completed either by a trained administrative investigator, and if criminal, the Grand Forks Police Department.

115.261 (b) Staff shall not reveal info to anyone other than designated supervisors or officials

Compliance Determination: The auditor reviewed Policy P-19 PREA, which states that apart from reporting to designated supervisors or officials, staff shall not reveal 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.

115.261 (c) Medical and mental health providers required to report and inform residents of their duty to report and their limits to confidentiality at initiation of services

Compliance Determination: The Grand Forks RTP does not have any full or part-time medical or mental health staff. The auditor interviewed the Program Director/PREA Compliance Manager and the PREA Coordinator, who stated that those services are sought by the resident out in the community.

115.261 (d) Report to designated agency when under 18 or vulnerable adult

Compliance Determination: The auditor reviewed Policy P-19 PREA, which states

	<p>if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The auditor interviewed the Program Director/PREA Compliance Manager, the PREA Coordinator, and random staff who stated that sexual abuse of a vulnerable adult will be reported to the Department of Health and Human Services under applicable mandatory reporting laws.</p> <p>115.261 (e) Report all allegations to facility's investigators Compliance Determination: The auditor reviewed Policy P-19 PREA, which states that 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 auditor interviewed the PREA Coordinator and the Program Director/PREA Compliance Manager, and random staff who stated that all reports, regardless of where they are from, are reported to the PREA Coordinator so that an investigator can be assigned.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and through interviews with the administrative staff and random staff.</p>
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115.262	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy P-19 PREA <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Executive Director 2. Program Director/PREA Compliance Manager 3. 10 random staff <p>Findings by Provision: 115.262 (a) Immediate action to protect resident when risk of imminent sexual abuse Compliance Determination: The auditor interviewed a random sample of staff who stated that they would immediately separate the residents from the threat to keep them safe. In some instances, staff reported that they might keep the resident with them or assign them to another staff member to supervise while they report the situation to supervisors to determine action steps that will ensure resident safety. The auditor interviewed the Executive Director, who stated that he expects staff to immediately move someone to a different room closer to the office. He also expects them to be offered counseling. The auditor interviewed the Program</p>

	<p>Director/PREA Compliance Manager, who stated that her expectation of staff is to immediately separate the two if the threat is known. If the threat is not known, then to stay with the resident who may be at risk, to make sure they stay safe while they investigate the situation. They will explore other housing options, including if the aggressor is known, removal by law enforcement, or moved to another facility. Random staff stated that they would move room assignments and keep them under closer supervision. There have been no reported incidents in which staff needed to take immediate action to protect a resident from imminent sexual abuse.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and through interviews with the Executive Director, the Program Director/PREA Compliance Manager, and staff randomly selected by the auditor.</p>
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115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy P-19 PREA <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Executive Director 2. Program Director/PREA Compliance Manager <p>Findings by Provision:</p> <p>115.263 (a) -(d) Notify head of agency when receiving allegation while confined at their facility; notification within 72 hours; document notification, and the agency head or office that receives notification shall investigate</p> <p>Compliance Determination: The auditor reviewed Policy P-19 PREA, which states that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Director of Operations will be immediately notified. The Director of Operations will notify the facility or appropriate office of the agency where the alleged abuse occurred as soon as possible but no later than 72 hours after receiving the allegation. The Director of Operations or designee will document this notification. In cases where the allegation includes Centre Inc., the allegation will be investigated in accordance with this policy.</p> <p>The auditor interviewed the Executive Director and the Program Director/PREA Compliance Manager, who confirmed that the Director of Operations/PREA Coordinator notifies the head of the facility or the appropriate office of the agency where the alleged abuse occurred within 72 hours. If an allegation is received by</p>

	<p>them from another facility, an investigation will be initiated immediately. Both notifying other agencies and receiving notifications are documented. There have been no allegations of sexual abuse the facility received from other facilities nor allegations received by them from their residents that needed to be reported to other facilities within the last couple of years.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and through interviews with the Executive Director and the Program Director/PREA Compliance Manager.</p>
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115.264	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy P-19 PREA 3. Centre Inc. Coordinated Response to PREA Incidents <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. 10 random staff who are First Responders <p>Findings by Provision:</p> <p>115.264 (a) First responder duties</p> <p>Compliance Determination: The auditor reviewed Policy P-19 PREA, which states that the responsibilities of the person receiving the report of a recent sexual assault include: 1. Remain with the client to provide support and to ensure that the victim does not wash, shower, or change clothes prior to the examination; 2. Inform the on-duty supervisor and on-call person of the alleged assault; 3. determine and secure the crime scene; and 4. Document the incident as reported to you, in writing, for the investigator. The auditor interviewed 10 randomly selected staff who all were able to identify the first responder duties as separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and request that the alleged victim and ensure the alleged perpetrator, not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. Many of the staff also said they will determine if the situation requires immediate involvement of law enforcement or medical personnel and also notify the supervisor or the on-call supervisor. There have been no instances where the first responder response has been used during this auditing period.</p> <p>115.264 (b) First responder not security staff request victim not destroy evidence and notify security staff</p> <p>Compliance Determination: The auditor interviewed a food service staff member, who would be the only person in the facility who is not a program staff member. He</p>

	<p>was able to accurately state the first responder responsibilities. He stated that although he is trained the same as the program staff, he would also call for a program staff member or take the resident to the staff office that is adjacent to the dining room so that a program staff member could take over and can make sure that the evidence is not destroyed.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and through interviews with a random selection of security staff and a food service worker.</p>
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115.265	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy P-19 PREA 3. Centre Inc. Coordinated Response to PREA Incidents <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Program Director/PREA Compliance Manager <p>Findings by Provision:</p> <p>115.265 (a) Written institutional plan to coordinate actions</p> <p>Compliance Determination: The auditor reviewed the Centre Inc. Coordinated Response to PREA Incidents which outlines the facility's coordinated response among staff first responders, investigators and facility leadership. The auditor interviewed the Program Director/PREA Compliance Manager who stated that they have a written plan and it's on their PREA training that staff do yearly. They would follow the plan which is to have the first responder separate and protect the evidence, reporting to the local hospital either for medical care and/or evidence collection by a SANE, arranging for an advocate from the Community Violence Intervention Center (CVIC) and notifying the sexual violence investigator and administrators. The auditor interviewed both administrators and a random selection of staff who confirmed that the facility has a good, coordinated response effort. The Program Director/PREA Compliance Manager confirmed that all supervisory on-call staff are aware of the need to make a victim services advocate from Community Violence Intervention Center (CVIC) available and coordinating with the Grand Forks Police Department to ensure that a forensic examination is conducted by a SANE at the hospital. All interviews corresponded to the outline in the PREA policy and Centre Inc. Coordinated Response to PREA Incidents.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and the Centre Inc. Coordinated Response to PREA Incidents, and through interviews with the Program Director/PREA Compliance</p>

	Manager and staff.
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>1. Pre-Audit Questionnaire</p> <p>Interviews Conducted:</p> <p>1. Executive Director</p> <p>Findings by Provision:</p> <p>115.266 (a) - (b) No collective bargaining or other agreements that limit ability to remove staff abuser; Agreements cannot contradict 115.272 Standard of evidence and 115.276 Disciplinary sanctions for staff. Agreements are not restricted regarding expungement or retention in the staff personnel file</p> <p>Compliance Determination: The auditor interviewed the Executive Director, who stated that they are not represented by any collective bargaining agreement. They will remove alleged staff sexual abusers from contact with residents pending the outcome of the investigation, and there is nothing that prohibits this action, interferes with the disciplinary process, or about what is expunged from or retained in the staff member's personnel file.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and in an interview with the Executive Director.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <p>1. Pre-Audit Questionnaire</p> <p>2. Policy P-19 PREA</p> <p>Interviews Conducted:</p> <p>1. Executive Director</p> <p>2. Program Director/PREA Compliance Manager</p>

Findings by Provision:**115.267 (a) Policy to protect all residents and staff from retaliation**

Compliance Determination: The auditor reviewed Policy P-19 PREA, which states that Retaliation of any kind against any person (residents, staff, volunteers, visitors etc.) will not be tolerated. Residential programs will have a designated staff person on every shift (24 hours per day, 365 days per year) who is assigned the duty of monitoring for retaliation. When staffing patterns allow for one staff person on shift, this person, regardless of title, will be assigned this duty. When staffing patterns allow for more than one person on shift, the Residential Specialist II will have this responsibility. The auditor interviewed the Executive Director and the Program Director/PREA Compliance Manager to verify expectations and procedures on prevention efforts against retaliation and monitoring for retaliation. The Program Director/PREA Compliance Manager stated that she, the Program Manager, the Case Managers, licensed addiction counselors, and Residential Specialists have all been trained and could be assigned to monitor for retaliation.

115.267 (b) Employ multiple retaliation protection measures

Compliance Determination: The auditor reviewed Policy P-19 PREA, which states that Action Plans will require routine status checks on the individual. The frequency of status checks will be determined on a case by case situation and designed to safeguard the individual's safety and consider and minimize the individual's potential anxiety. Action Plans will be documented and attached to the SART Report. The assigned and designated staff will be cognizant of resident disciplinary reports, housing, and program changes and will immediately report anomalies to the PREA Compliance Officer and or "Chain of Command". The auditor interviewed the Executive Director and the Program Director/PREA Compliance Manager Supervisor, who confirmed that separation of the victim from the perpetrator is crucial in the prevention of retaliation and that the monitor should check in with them often. They also confirmed that offering emotional support services was part of their process. The Program Director/PREA Compliance Manager stated that she would make sure there is separation and she would ensure staff were aware to monitor the people involved, and that a staff member is assigned immediately to monitor for retaliation and do frequent check-ins, and ensure an investigator is assigned to investigate all forms of retaliation. She stated when asked about the different ways she would keep the people separated, she stated that staff could be put on administrative leave, and residents would be assigned different rooms within the facility or moved to another facility.

115.267 (c) Monitor for retaliation for at least 90 days; Act promptly

Compliance Determination: The auditor reviewed Policy P-19 PREA, which states that the initial retaliation monitoring period begins at the time abuse occurred or the time report of abuse was made. The initial retaliation monitoring period will last 90 days. The monitoring period will be extended if the need exists. The auditor interviewed the Program Director/PREA Compliance Manager, who confirmed that she will begin monitoring right away. She stated that their length of stay is two to three months, but that monitoring would continue for at least 90 days and longer if necessary, and will take immediate action if she has any indication that the victim is

	<p>being retaliated against.</p> <p>115.267 (d) Monitoring will include periodic status checks of residents Compliance Determination: The auditor interviewed the Program Director/PREA Compliance Manager, who stated that she, or the other staff assigned, checks in with the resident soon after the allegation is made at the beginning and continues to check in with them. The frequency varies depending on the situation. Each situation is different, and some residents may need more frequent check-ins, or the situation warrants more frequent checks. The check-ins will continue until the resident leaves the facility, the investigation determines that the allegation is unfounded, or the 90 days have passed.</p> <p>115.267 (e) Protection of any other individual who cooperates with an investigation Compliance Determination: The auditor reviewed Policy P-19 PREA, which states that this policy and procedure will encompass and protect any individual who cooperates with an investigation and or communicates a fear of potential retaliation. The Program Director/PREA Compliance Manager confirmed in her interview that she monitors anyone who may be involved in the investigation and would ensure that they are protected if retaliation is suspected.</p> <p>115.267 (f) Obligation to monitor terminates if the allegation is unfounded Compliance Determination: The Program Director/PREA Compliance Manager confirmed in her interview that the obligation to monitor terminates if the allegation, once investigated, is determined to be unfounded.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and in interviews with the Executive Director and the Program Director/PREA Compliance Manager. There have been no reported allegations at this facility, and therefore, no retaliation monitoring.</p>
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115.271	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy P-19 PREA 3. Policy SP-6 Information Practices – Records Retention and Data 4. Administrative Investigator training certificates <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Program Director/PREA Compliance Manager - Administrative Investigator

Findings by Provision:

115.271 (a) An agency's own investigation will be prompt, thorough, and objective

Compliance Determination: The auditor reviewed Policy P-19 PREA, which states that Centre staff will cooperate with outside investigators and attempt to remain informed about the progress of the investigation by confirming law enforcement's plan for investigation including time line(s) and request that investigations are prompt, thorough, and objective, and consider third-party and anonymous reporting. The auditor interviewed the Program Director/PREA Compliance Manager, who is a trained administrative investigator for the facility. The administrative investigator stated that she responds right away, basically within time to get to the facility if she is not onsite.

115.271 (b) Sexual abuse investigations will be completed by investigators who have received special training in sexual abuse investigations pursuant to 115.234

Compliance Determination: The auditor reviewed their specialized training certificates, which showed that the investigators have completed specialized investigator training through the North Dakota Department of Corrections and Rehabilitation course "Investigating Sexual Abuse in a Correctional Setting". The facility has three trained investigators to include the Program Director/PREA Compliance Manager, the Program Manager, and the Care Coordinator.

115.271 (c) Investigators shall gather and preserve direct and circumstantial evidence

Compliance Determination: The auditor reviewed Policy P-19 PREA, which states that investigators will 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 auditor interviewed an administrative investigator who stated that during an investigation, some examples of evidence she might encounter are reviewing records for the dates and times the victim and perpetrator were in the facility, read the logs, the behavior notes, the shift logs, look at the schedule to see which staff were on the shift, any evidence from the SANE forensic examination, and review the video from cameras in the area.

115.271 (d) When evidence supports criminal prosecution, agency will conduct compelled interviews only after consulting prosecutor

Compliance Determination: The auditor reviewed Policy P-19 PREA, which states that Centre staff will cooperate with the assigned agency and will act on the guidance of the investigating law enforcement official and prosecutor to determine whether or not conducting compelled interviews would be an obstacle for subsequent criminal prosecution. The auditor interviewed an administrative investigator who stated that she would complete the administrative investigation, but as soon as it was deemed a criminal act, law enforcement investigators would immediately be involved.

115.271 (e) Credibility shall be assessed on individual basis

Compliance Determination: The auditor reviewed Policy P-19 PREA, which states that during interviews, the designee will attempt to assess the credibility of alleged victims, suspects, and witnesses on an individual basis and not based on their status as a resident or staff. The designee will not 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 auditor interviewed an investigator who stated she bases the credibility of those interviewed on the issue, by the evidence, with no judgment or bias. There were no allegations reported at this facility, and therefore, no investigations to review.

115.271 (f) Administrative investigations shall include items listed

Compliance Determination: The auditor reviewed Policy P-19 PREA, which states that Centre staff will attempt to determine whether staff actions or failures to act contributed to the abuse. They will also refer substantiated allegations of staff conduct that appear to be criminal to law enforcement for prosecution. Additionally, documented reports will be completed that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings per law enforcement's findings. The auditor interviewed the administrative investigator, who stated that she includes in her investigative report who was interviewed, any evidence reviewed, and anything that led to the conclusion of the investigation.

115.271 (g) Criminal investigations shall be documented

Compliance Determination: There were no allegations made at this facility to review documented investigative files. The Program Director/PREA Compliance Manager stated that they document administrative investigations in written reports and will request criminal investigative reports from the Grand Forks Police Department.

115.271 (h) Substantiated allegations of sexual abuse shall be referred for prosecution

Compliance Determination: The auditor interviewed the Program Director/PREA Compliance Manager who stated that all criminal allegations are referred for prosecution. They have had no cases at this facility that were referred for prosecution over the previous 12 months.

115.271 (i) Retain all written reports for as long as abuser at agency plus five years

Compliance Determination: The auditor reviewed Policy SP-6 Information Practices – Records Retention and Data which states that all investigation files specific to PREA involving clients will be retained for a minimum of five (5) years after the last date of program involvement. All investigation files specific to PREA involving personnel will be retained for a minimum of five (5) years after the last date of employment.

115.271 (j) Departure of abuse or victim not basis for terminating investigation

	<p>Compliance Determination: The auditor reviewed Policy P-19 PREA which states that they will not terminate an investigation based on the departure of the alleged abuser or victim from the employment or control of the facility or agency. The auditor interviewed the administrative investigator who stated that if the alleged abuser or the alleged victim leaves either employment or discharges or is transferred from the facility, the investigation continues. They will work with law enforcement or collaborate with other facilities to gather information needed when possible.</p> <p>115.271 (k) State or DOJ shall follow above requirements</p> <p>Compliance Determination: The auditor interviewed the PREA Coordinator who stated that they will work with any law enforcement investigator called in and ensure that the PREA requirements are followed.</p> <p>115.271 (l) Facility shall cooperate with outside investigators and remain informed of progress of investigation</p> <p>Compliance Determination: The auditor reviewed Policy P-19 PREA which states that during an investigation in which law enforcement is involved, Centre staff will cooperate with outside investigators and attempt to remain informed about the progress of the investigation by confirming law enforcement's plan for investigation including time line(s) and request that investigations are prompt, thorough, and objective and consider third-party and anonymous reporting. The PREA Coordinator, the PREA Coordinator, and the Program Director/PREA Compliance Manager stated that that they would collaborate with the Grand Forks Police Department, assist them with whatever they may need, provide any support they need to include setting up interviews, providing camera footage, etc., and follow up with them during the course of their investigation as to its progress.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, a review of specialized investigator training, and through interviews with the Program Director/PREA Compliance Manager/Administrative Investigator and the PREA Coordinator.</p>
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115.272	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy P-19 PREA <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Administrative Investigator <p>Findings by Provision:</p>

	<p>115.272 (a) No standard higher than a preponderance of the evidence Compliance Determination: The auditor reviewed Policy P-19 PREA which states that Centre Inc. imposes the standard of a preponderance of evidence when determining whether allegations of sexual abuse or sexual harassment can be substantiated. The auditor interviewed the investigator. There were no allegations to be investigated at this facility. The Administrative Investigator stated that she would use a preponderance of evidence which means that you believe greater than 50% that it occurred and that the evidence supports that it occurred.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and through an interview with the administrative investigator.</p>
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115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy P-19 PREA 4. Notice of PREA Investigation Status <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Program Director/PREA Compliance Manager/Administrative Investigator <p>Findings by Provision:</p> <p>115.273 (a) Inform resident of the outcome of investigation Compliance Determination: The auditor reviewed Policy P-19 PREA which states that 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 auditor interviewed the Program Director/PREA Compliance Manager who stated that their form Notice of PREA Investigation Status is used to make this information available to the resident.</p> <p>115.273 (b) Request outcome from external investigative agency Compliance Determination: The auditor reviewed Policy P-19 PREA which 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.</p> <p>115.273 (c) Inform resident if alleged staff abuser is no longer posted in unit, no longer employed, or has been indicted or convicted Compliance Determination: The auditor reviewed Policy P-19 PREA which states that following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident</p>

	<p>(unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. There were no investigations to review in which this standard would apply to verify through documentation. The auditor reviewed the policy and interviewed the Administrative Investigator who stated that they would make the proper notifications at the conclusion of the investigation if the resident is still within control of the agency.</p> <p>115.273 (d) Inform resident if alleged resident abuser has been indicted or convicted Compliance Determination: The auditor reviewed Policy P-19 PREA which states that 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: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. There were no investigations to review in which this standard would apply to verify through documentation. The auditor reviewed the policy and interviewed the Administrative Investigator who stated that they would make the proper notifications at the conclusion of the investigation if the resident is still within control of the agency.</p> <p>115.273 (e) Document all attempts to notify Compliance Determination: The auditor reviewed Policy P-19 PREA which states that the Program Director/Manager is responsible for documenting this notification within the Significant Incident Report. The policy also states that all such notifications or attempted notifications shall be documented. The auditor reviewed the Notice of PREA Investigation Status form which is presented to the resident at the conclusion of the investigation and is also used to document their attempts to notify the resident. The form requires the resident's signature or to make a note regarding why the signature could not be obtained.</p> <p>115.273 (f) Obligation to report if resident released from agency's custody Compliance Determination: The auditor reviewed Policy P-19 PREA which states that an agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents Reviewed:

1. Pre-Audit Questionnaire
2. Policy P-19 PREA
3. Policy PE-7 Employee Discipline and Separation from Work

Interviews Conducted:

1. Executive Director
2. PREA Coordinator

Findings by Provision:**115.276 (a) Staff subject to disciplinary action up to and including termination for violating**

Compliance Determination: The auditor reviewed Policy P-19 PREA which states that employees, contract volunteers, official visitors, or agency representatives who are found to have committed staff sexual misconduct as defined above will face internal discipline, and the facility will also work with law enforcement to aid in the prosecution of such charges to the fullest extent possible. The auditor also reviewed Policy PE-7 Employee Discipline and Separation from Work which states that Centre has the right to make determinations regarding discipline, suspension, demotions, and/or termination in its sole discretion, but certainly does desire to make sure that decisions are made consistently and in compliance with applicable law. All employee suspensions, demotions, or discharges must be reviewed and receive prior approval from the Executive Director or designee. Demotion or termination is permitted only for good cause and, if requested, after a formal hearing on specific charges/allegations (see Employee Grievance Policy and Procedure).

115.276.(b) Termination is the presumptive discipline for staff who have engaged in sexual abuse

Compliance Determination: The auditor interviewed the Executive Director who stated that they will ensure there is proper separation between staff and the residents during the investigative process either through a change of duties or suspension, and in some instances termination dependent on the circumstances of the allegation. This separation will continue through the investigative process and if at the conclusion of the investigation the allegation is substantiated, the staff will be terminated.

115.276 (c) Staff Discipline commensurate with the nature and circumstance, etc.

Compliance Determination: The auditor interviewed the Executive Director who stated that the disciplinary action depends on the nature and the circumstances of the allegation.

115.276 (d) All terminations unless activity not criminal reported to law enforcement agencies and relevant licensing bodies

Compliance Determination: The auditor reviewed Policy P-19 PREA which states that employees, contract volunteers, official visitors, or agency representatives who are found to have committed staff sexual misconduct as defined above will face internal discipline, and the facility will also work with law enforcement to aid in the

	<p>prosecution of such charges to the fullest extent possible. Centre Inc. will report all relevant information specific to employee, volunteer, official visitor, or agency representative discipline to relevant licensing bodies. The facility's PREA Compliance Officer is responsible for documenting this notification. The auditor interviewed the Program Director/PREA Compliance Manager and the PREA Coordinator who stated that allegations against staff are investigated. If the staff member has resigned and the actions were criminal, the case is turned over to the Grand Forks Police Department for investigation.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of policy, and through interviews with the Executive Director, the Program Director/PREA Compliance Manager and the PREA Coordinator.</p>
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115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy P-19 PREA <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Resident Manager <p>Findings by Provision:</p> <p>115.277 (a) - (b) Contractor or volunteer who engages in sexual abuse prohibited from contact and reported to law enforcement agency unless not criminal and to relevant licensing bodies; Contractor or volunteer policy violations - Take appropriate remedial measures and consider prohibiting further contact</p> <p>Compliance Determination: The auditor reviewed Policy P-19 PREA which states that employees, contract volunteers, official visitors, or agency representatives who are found to have committed staff sexual misconduct as defined above will face internal discipline, and the facility will also work with law enforcement to aid in the prosecution of such charges to the fullest extent possible. Centre Inc. will report all relevant information specific to employee, volunteer, official visitor, or agency representative discipline to relevant licensing bodies. The facility's PREA Compliance Officer is responsible for documenting this notification. Sexual contact between staff and inmates, volunteers, or contract personnel and inmates, regardless of consensual status, is prohibited, and subject to administrative disciplinary and criminal sanctions. The auditor interviewed the Program Director/PREA Compliance Manager who stated that allegations against contractors and volunteers are investigated, and if the actions were criminal, the case is turned over to the Grand Forks Police Department for investigation. She also stated that remedial measures</p>

	<p>would depend on the severity. It could include actions from retraining to prohibiting further entry into the facility so that there would be no contact with clients and contact law enforcement to seek prosecution.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and through an interview with the Program Director/PREA Compliance Manager.</p>
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115.278	Disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy P-19 PREA 3. Resident Handbook 4. Policy P-14 Program Rules and Discipline 5. Centre Residential Services Contract <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Program Director/PREA Compliance Manager <p>Findings by Provision:</p> <p>115.278 (a) Residents disciplined</p> <p>Compliance Determination: The auditor reviewed Policy P-19 PREA, which states that upon completion of the investigation, and a determination that the incident did happen, determine if the incident was a non-consensual sexual act, an abusive sexual contact, or a consensual sexual contact, and ensure that appropriate personnel complete the appropriate disciplinary reports and forward the reports to the appropriate personnel for disciplinary hearing/action. The auditor interviewed the Program Director/PREA Compliance Manager who stated that they would follow their disciplinary process, and the discipline depends on the seriousness of the allegation.</p> <p>115.278 (b) Sanctions commensurate with the nature and circumstance</p> <p>Compliance Determination: The auditor reviewed the Resident Handbook which states the disciplinary sanctions. Th auditor interviewed the Program Director/PREA Compliance Manager who stated that disciplinary actions, dependent on severity, could include warnings, extra duties, loss of privileges room or facility restriction, removal to jail or to another facility.</p> <p>115.278 (c) Disciplinary process considers resident's mental disabilities or mental illness</p> <p>Compliance Determination: Th auditor interviewed Program Director/PREA Compliance Manager who stated that absolutely, the resident's mental disability or</p>

	<p>mental illness would be considered when determining disciplinary action.</p> <p>115.278. (d) if sex offender therapy offered, facility considers whether to require offender to participate as a condition of access to programming or other benefits</p> <p>Compliance Determination: The auditor reviewed Policy P-19 PREA which states that Case Managers and/or Program Directors are responsible for ensuring all known resident-on-resident abusers are referred for a mental health evaluation and that treatment is offered when the mental health practitioner deems it is appropriate.</p> <p>115.278 (e) Discipline for sexual contact with staff only upon finding that staff member did not consent</p> <p>Compliance Determination: The auditor reviewed Policy P-19 PREA which states that the facility may discipline a client for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p>115.278 (f) Good faith report shall not constitute false reporting</p> <p>Compliance Determination: The auditor reviewed Policy P-19 PREA which states that if the investigation reveals that the client made a false allegation which the client in good faith could not have believed to be true; the facility may take disciplinary action against the client;</p> <p>115.278 (g) May prohibit all sexual activity between residents but may not deem as sexual abuse if determined not coerced</p> <p>Compliance Determination: The auditor reviewed the Resident Handbook which states under the Facility Policies/Rules that Residents (regardless of gender) are to maintain appropriate physical boundaries with each other and with visitors. An appropriate distance between residents is generally at least one and one-half feet (personal space). There will be no sexual activity, excessive affectionate mannerism, or inappropriate physical contact between residents and visitors or between residents. Judgment as to excessive resides with the on duty staff members. This includes any physical contact with another in Centre Inc. or on the grounds other than a brief embrace and/or kiss at times of arrival and departure of an approved visitor. Also, includes engaging in any sexual act with an unauthorized person(s). Verbal or written comments about or directed toward staff other residents, or visitors that are sexual in nature, or could be perceived as sexual, are also prohibitive. This information is also in the Centre Residential Services Contract which the resident reads and signs during intake.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, review of the resident handbook and through an interview with the Program Director/PREA Compliance Manager. There have been no reported allegations of sexual abuse or sexual harassment over this audit report period.</p>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

1. Pre-Audit Questionnaire
2. Policy P-19 PREA

Interviews Conducted:

1. Program Director/PREA Compliance Manager

Findings by Provision:

115.282 (a) Access to emergency medical treatment and crisis intervention and 115.282 (b) If no medical or mental health staff on duty, security staff immediately notify medical and mental health practitioners

Compliance Determination: The auditor reviewed Policy P-19 PREA which states that victims of sexual assault will be referred to the appropriate/applicable community medical, psychological, and law enforcement agencies *for treatment* and gathering of evidence. The referral and follow up will include provisions that include but are not necessarily limited to the extent of physical injuries is documented and with the victim's consent, the examination includes the collection of evidence from the victim...(and) counseling as appropriate. Resident victims of sexual abuse will receive timely and unimpeded access to *emergency mental health care* and ongoing medical and mental health care at no cost to the resident (during the offender's Residential program participation).

The auditor interviewed the Program Director/PREA Compliance Manager who stated that they do not employ or contract with any medical or mental health practitioners. All care is obtained from providers within the community. She stated that staff first responders would take preliminary steps to protect the victim and call 911 or transport the resident to the local hospital for necessary medical care and crisis intervention services. She stated that all medical responses are met by taking the resident to Altru Hospital for emergency medical and mental health services and the professional judgement of community health care and mental health care providers would be followed.

1125.282 (c) Offred timely information about and access to emergency contraception and sexually transmitted infections prophylaxis

Compliance Determination: The auditor reviewed Policy P-19 PREA which states that victims of sexual assault will be referred to the appropriate/applicable community medical... for treatment and gathering of evidence. The referral and follow up will include provisions that include but are not necessarily limited to...testing for sexually transmitted diseases (for example, HIV, gonorrhea, hepatitis, and other diseases).

115.282 (d) Treatment services at no financial cost

Compliance Determination: The auditor reviewed Policy P-19 PREA which states that resident victims of sexual abuse will receive timely and unimpeded access to emergency mental health care and ongoing medical and mental health care at no cost to the resident (during the offender's Residential program participation).

	The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and through interviews with the Program Director/PREA Compliance Manager. There have been no sexual abuse allegations and therefore these services have not been needed during this audit assessment period.
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy P-19 PREA <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Program Director/PREA Compliance Manager <p>Findings by Provision:</p> <p>115.283 (a) - (c) Offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized; Evaluation and treatment will include follow-up services, treatment plans, and referrals for continued care following their transfer or release; Provide medical and mental health services consistent with community level of care</p> <p>Compliance Determination: The auditor reviewed Policy P-19 PREA which states that resident victims of sexual abuse will receive timely and unimpeded access to emergency mental health care and ongoing medical and mental health care at no cost to the resident (during the offender's Residential program participation).</p> <p>115.283 (d) - (e) Provide pregnancy tests; Provide timely and comprehensive information and timely access to all lawful pregnancy-related medical services</p> <p>Compliance Determination: The Grand Forks RTP is a male-only facility.</p> <p>115.283 (f) Offer tests for sexually transmitted infections</p> <p>Compliance Determination: The auditor reviewed Policy P-19 PREA which states that victims of sexual assault will be referred to the appropriate/applicable community medical... for treatment and gathering of evidence. The referral and follow up will include provisions that include but are not necessarily limited to...testing for sexually transmitted diseases (for example, HIV, gonorrhea, hepatitis, and other diseases).</p> <p>115.283 (g) Provided treatment services without financial cost</p> <p>Compliance Determination: The auditor reviewed Policy P-19 PREA which states that resident victims of sexual abuse will receive timely and unimpeded access to</p>

	<p>emergency mental health care and ongoing medical and mental health care at no cost to the resident (during the offender's Residential program participation).</p> <p>115.283 (h) Attempt mental health evaluation of abusers within 60 days and offer treatment when deemed appropriate by mental health practitioners</p> <p>Compliance Determination: The auditor reviewed Policy P-19 PREA policy which states that Centre Inc. personnel adhere to PREA standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers. Case Managers and/or Program Directors are responsible for ensuring all known resident-on-resident abusers are referred for a mental health evaluation and that treatment is offered when the mental health practitioner deems it is appropriate. In applicable cases, the Case Manager or designee will complete the referral within 60 days of learning of such abuse history.</p> <p>The auditor interviewed the Program Director/PREA Compliance Manager regarding the provisions of these standards and verified that these services would be provided to the resident through community providers. The Program Director/PREA Compliance Manager would follow up to ensure that follow-up services recommended by the providers would be continued. These services have not been required at the facility.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and through interviews with the Program Director/PREA Compliance Manager. There have been no sexual abuse allegations and therefore these services have not been needed during this audit assessment period.</p>
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115.286	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy SP-9 Reporting and Handling Significant, Unusual, and Critical Incidents 3. Sexual Abuse Incident Review form 4. Sexual Abuse Response Team (SART) form <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Program Director/PREA Compliance Manager 2. PREA Coordinator <p>Findings by Provision:</p> <p>115.286 (a) Conduct sexual abuse incident review</p> <p>Compliance Determination: The auditor reviewed Policy SP-9 Reporting and Handling Significant, Unusual, and Critical Incidents which states that all qualifying</p>

critical incidents will be investigated by the Director of Operations or designee (typically the location's Program Director) and will include a debriefing after each such incident. The investigation and debriefing shall include but not be limited to: a review of staff and client actions during the incident; a review of the incident's impact on staff and clients; a review of corrective actions taken and still needed; and plans for improvement to avoid another incident. The debriefing process shall include coordination and feedback about the incident with designated staff of the facility/program as soon as possible after the incident. The SART will complete a Sexual Abuse Response Team Report for each incident. The SART Report assesses for required aspects as outlined in PREA Standard 115.286

115.286 (b) Review within 30 days of conclusion of investigation

Compliance Determination: The auditor reviewed Policy SP-9 Reporting and Handling Significant, Unusual, and Critical Incidents which states that the SART team is also required to conduct and complete a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

115.286 (c) Review team includes upper-level management with input from line staff, investigator, and medical or mental health practitioners

Compliance Determination: The auditor reviewed Policy SP-9 Reporting and Handling Significant, Unusual, and Critical Incidents which states that the Director of Operations will assign staff members to a Sexual Abuse Response Team (SART) for each incident involving potential sexual abuse and or harassment Incidents involving possible employee standard of conduct violations (including volunteers and contractors) will have administrators and the employee's or department's manager assigned to the SART. Incidents involving residents without staff, volunteers and contractors will consist of assigned clinical staff, Residential Specialist II and managers/directors.

115.286 (d) Review team will consider items outlined in provision

Compliance Determination: The auditor reviewed Policy SP-9 Reporting and Handling Significant, Unusual, and Critical Incidents includes the Sexual Abuse Incident Review form that states summary and findings of the review (include whether or not findings/determinations were made pursuant to paragraph 115.286 (d)(I)-(d)(S)) (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) 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; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

115.286 (e) Implement recommendations for improvement or document reasons for not doing so

	<p>Compliance Determination: The auditor reviewed Policy SP-9 Reporting and Handling Significant, Unusual, and Critical Incidents which states that the investigation and debriefing shall include but not be limited to...a review of corrective actions taken and still needed; and plans for improvement to avoid another incident.</p> <p>The auditor interviewed the PREA Coordinator and the Program Director/PREA Compliance Manager, who stated that they conduct incident reviews of sexual abuse incidents within 30 days of the conclusion of the investigation. The PREA Coordinator verified that he, the Program Director/PREA Compliance Manager, and the Program Manager hold the review with input from others that may have been involved in the investigation or medical, mental health response. The PREA Coordinator stated that he initiates the review process. He looks to make sure they did everything they were supposed to do. If there are any changes needed, he ensures they implement the corrections. Some examples he gave were the purchase of new equipment, implementing new policy or policy changes, staff retraining or resident education with all changes geared toward prevention of future incidents. There were no allegations investigated during the audited period that required an incident review. The Grand Forks RTP uses the policy to guide what needs to be reviewed as well as Sexual Abuse Incident Review form. The form has the required provisions of this standard written out to prompt discussion and documentation (change policy or practice, motivation, physical barriers, staffing levels, monitoring technology, recommendations for improvement), and then they fill in the required explanatory section with discussion so that it is not a “check the box” form. The auditor determined compliance through a review of the pre-audit questionnaire, a review of policy, and through interviews with the PREA Coordinator and the Program Director/PREA Compliance Manager.</p>
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115.287	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy P-19 PREA 3. 2024 Annual Report 4. Aggregate data for 2018 to 2024 <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>Findings by Provision:</p> <p>115.287 (a) Collect accurate, uniform data for every allegation</p> <p>Compliance Determination: The auditor reviewed Policy P-19 PREA which states</p>

that Centre will act to prevent and/or reduce all forms of sexual abuse and sexual harassment of clients through orientation, screening, assessment, staff training, data collection and monitoring, counseling, and investigation of alleged sexual abuse and or harassment. Types of Sexual Abuse are identified and defined in Section C. "Definitions" of this policy.

115.287 (b) Aggregate incident-based data annually

Compliance Determination: The auditor reviewed Policy P-19 PREA which states that staff are required to complete the "Report of Significant Incident" Report Form and forward to the Director of Operations for inclusion in annual reporting data. On or around January 1 of each year, the Director of Operations or designee will review the Significant Incident Reports, and tally statistics on the number of Non-consensual Sexual Acts, Abusive Sexual Contacts, Consensual Sexual Contacts, Staff Sexual Misconduct, and Sexual Harassment incidents. The Director of Operations will share/forward this information to its referral agencies and licensing authority oversight personnel as requested.

115.287 (c) Data necessary to answer the questions form Survey of Sexual Violence

Compliance Determination: The auditor reviewed Policy P-19 PREA which states that the Director of Operations will share/forward this information to its referral agencies and licensing authority oversight personnel as requested. The auditor interviewed the PREA Coordinator who stated that Grand Forks RTP has not been requested to provide information for the Survey of Sexual Violence, but the information is available if requested and they have provided this data for other Centre Inc. locations in the past

115.287 (d) Maintain, review, and collect data from reports, investigation files, and sexual abuse incident reviews

Compliance Determination: The auditor interviewed the PREA Coordinator who stated that they maintain, review and collect data as needed from all available incident-based documents including reports, investigation files and incident reviews.

115.287 (e) Obtain incident-based and aggregated data from contracted private facilities

Compliance Determination: The auditor interviewed the PREA Coordinator who stated that they do not contract for the confinement of residents in other facilities.

115.287 (f) Provide data to DOJ no later than June 30 upon request

Compliance Determination: The auditor interviewed the PREA Coordinator who stated that Grand Forks RTP has not been requested to provide information to the DOJ, but the information is available if requested and they have provided this data for other Centre Inc. locations in the past.

Aggregate annual data was provided to the auditor. The auditor interviewed the PREA Coordinator and reviewed the aggregate data. The facility collects uniform data for all allegations of sexual abuse based on a review of investigative reports. The aggregated data is included in their annual reports. The auditor reviewed the 2024 Annual Report and the aggregate data for the Grand Forks RTP is included in

the report as well as comparative data from 2018 to 2024.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed: 1. Pre-Audit Questionnaire 2. Policy P-19 PREA 3. 2024 Annual report Interviews Conducted: 1. Executive Director 2. PREA Coordinator Findings by Provision: 115.288 (a) Prepare annual report; Review data to assess and improve Compliance Determination: The auditor interviewed the Executive Director and the PREA Coordinator and reviewed the 2024 Annual Report for the Grand Forks RTP. The Executive Director and the PREA Coordinator stated that they meet annually to review the annual report and aggregate data prepared by the PREA Coordinator and discuss the data in order to assess and improve the effectiveness of the Centre's sexual abuse prevention, detection and response policies, practices and training, including identifying problem areas; taking corrective action on an ongoing basis. 115.288 (b) Annual report includes comparison of current year's data and corrective actions with prior years and provides progress Compliance Determination: The auditor reviewed the 2024 Annual Report which includes a comparison of the current years data with previous years data beginning in 2018. There were no corrective actions required within the annual report. The report states that over the past seven calendar years, this facility has experienced three (3) allegations of an incident that would qualify as potential sexual abuse. When comparing the current year's data with prior years would not be beneficial due to the extremely small sample sizes. Trends cannot exist with the current sample size. 115.288 (c) Annual report approved by agency head and on website Compliance Determination: The auditor interviewed the Executive Director who stated that the information is presented to him by the PREA Coordinator. They discuss all relevant factors, and he approves the annual report that is prepared by the PREA Coordinator prior to its placement on their website. 115.288 (d) Redact information that may be a threat to safety and security but must indicate nature of material redacted Compliance Determination: The auditor interviewed the PREA Coordinator and

	<p>reviewed the annual report. The information that is redacted is from the Victim profile and the Perpetrator profile tables to include the Referral source/Status/Employee column and the Race column. The titles of these columns are within the table, but the data is blanked out to prevent identifying characteristics of the victim or perpetrator. The column titles indicate the nature of the material redacted.</p> <p>The auditor interviewed the Executive Director and the PREA Coordinator and reviewed the 2024 Annual Report. In addition, all other Centre Inc. facilities' annual reports were posted on the website. The Centre Inc.'s review and annual report are aimed at assessing and improving the effectiveness of their sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas, and taking corrective action on an ongoing basis. Their annual report is posted on the Centre Inc. website at https://www.centreinc.org/prea</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy, and the aggregate data within the annual report posted on the website, and through interviews with the Executive Director and the PREA Coordinator.</p>
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115.289	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Policy P-19 PREA 3. Policy SP-6 Information Practices, Records, Retention and Data 4. Annual report with aggregate data <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>Findings by Provision:</p> <p>115.289 (a) Data security retained</p> <p>Compliance Determination: The auditor reviewed Policy SP-6 Information Practices, Records, Retention and Data which states that Centre staff will protect the confidentiality of all program participants in accordance with Federal law, 42 C.F.R. part 2 & NDCC 12-47-36 throughout any information sharing, record retention, and/or destruction process. Furthermore, it is Centre's policy to apply the following appropriate safeguards to protect client records whether the records are electronically or manually maintained. All records are stored in an area where access is limited to agency authorized personnel and there are at least two locks between the record and non-agency personnel.</p> <p>115.289 (b) Aggregate data available to public annually</p>

	<p>Compliance Determination: The auditor reviewed Policy SP-6 Information Practices, Records, Retention and Data which states aggregated sexual abuse data is readily available to the public as the report encompassing such data is posted on the agency's website.</p> <p>115.289 (c) Remove personal identifiers</p> <p>Compliance Determination: The auditor interviewed the PREA Coordinator and reviewed the annual report. The information that is redacted is from the Victim profile and the Perpetrator profile tables to include the Referral source/Status/Employee column and the Race column. The titles of these columns are within the table, but the data is blanked out to prevent identifying characteristics of the victim or perpetrator. The column titles indicate the nature of the material redacted.</p> <p>115.289 (d) Maintain data for at least 10 years after the date of the initial collection</p> <p>Compliance Determination: The auditor reviewed Policy SP-6 Information Practices, Records, Retention and Data which states that the agency maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection unless federal, state or local law requires otherwise.</p> <p>The auditor interviewed the PREA Coordinator and reviewed the aggregate data posted on the website. The facility does not contract for the confinement of its residents with any facility. The policy addresses data storage, publication, and destruction requirements. Information is maintained locked within the offices of the PREA Coordinator or the Program Director/PREA Compliance Manager or stored electronically on a secure drive that is password protected with limited access. Any hard copy information within the facility is maintained by the Program Director/PREA Compliance Manager or investigator in a locked file drawer in their office. Data collected is retained for at least ten (10) years.</p> <p>The auditor determined compliance through a review of the pre-audit questionnaire, a review of PREA policy and the annual report with the aggregate data and through interviews with the PREA Coordinator.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. The Grand Forks RTP 2018 PREA Audit 3. The Grand Forks RTP 2022 PREA Audit 4. The Centre Inc. website of previous audits <p>Findings by Provision:</p>

115.401 (a) Each facility audited once every three years

Compliance Determination: The first Centre Inc. facilities in Fargo were audited on August 10 - 12, 2016 with an audit each year since then with the exception of 2020. The Mandan facility was originally scheduled to be audited in 2020. However, due to the COVID-19 global pandemic, this audit was postponed, which interrupted the Centre Inc.'s audit cycles. They resumed with the audit of the Mandan facility on June 8 and 9, 2021. Since that resumption, at least one facility has been audited each year.

This facility was initially audited June 19 and 20, 2018. The second audit was conducted on June 20 and 21, 2022, and this audit June 4 and 5, 2025. The facility has consistently been audited every three years since June 2018 with the exception of the delay caused by the COVID -19 pandemic which delayed their audits by one year for each facility.

115.401 (b) At least one-third of each facility type is audited each year

Compliance Determination: The Cente Inc. operates four community confinement facilities. The auditor reviewed the previous list of audited facilities on the Centre Inc. website to determine that at least one-third of their facilities are audited each year.

115.401 (h) Auditor access to and observation of all areas of facility

Compliance Determination: The auditor had complete access and observed operations in every area of the facility. The auditor conducted a tour of the facility on the first day which included every area of the facility including administrative areas, intake area, control desk, housing areas, storage areas, food service areas, laundry, restroom and shower, and maintenance areas.

115.401 (I) Auditor permitted to request and receive copies of any relevant documents including electronically stored information

Compliance Determination: The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor requested many documents throughout the audit process. The administrators of the Grand Forks RTP provided numerous copies of documents to include policies, resident screenings, resident intake packet information, human resource documentation, and forms.

115.401 (m) Autor permitted to conduct private interviews

Compliance Determination: The auditor conducted private interviews with residents and staff in a conference room that was provided for this purpose. The Grand Forks RTP staff were very cooperative throughout the audit process.

115.401 (n) Residents permitted to send confidential information to auditor in same manner as if with legal counsel

Compliance Determination: The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor did not receive any correspondence regarding this facility.

The auditor determined compliance through a review of the pre-audit questionnaire,

	a review of previous PREA audits, a very thorough tour, and a review of numerous documents.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. The Centre Inc. website <p>Findings by Provision:</p> <p>115.403 (f) All final audit reports published on agency's website</p> <p>Compliance Determination: This is the third audit for the Grand Forks RTP. Their last PREA audit was conducted from June 20 and 21, 2022. Their first PREA audit was conducted on June 19 and 20, 2018. All previous audit reports for this facility and the other three Centre Inc. facilities are published on the Centre Inc. website at https://www.centreinc.org/prea. The auditor determined compliance through a review of the pre-audit questionnaire and a review of the website.</p>

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

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical 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 have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical 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?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	na

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (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.)	na

	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.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (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.)	na
	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.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (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.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	na

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

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

	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.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

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

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

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

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes