

# PREA Facility Audit Report: Final

**Name of Facility:** Bismarck Transition Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 12/06/2023

**Date Final Report Submitted:** 05/08/2024

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"/>
<b>Auditor Full Name as Signed:</b> Kenneth E. Arnold	<b>Date of Signature:</b> 05/08/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Arnold, Kenneth
<b>Email:</b>	kenarnold220@gmail.com
<b>Start Date of On-Site Audit:</b>	09/26/2023
<b>End Date of On-Site Audit:</b>	09/27/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Bismarck Transition Center
<b>Facility physical address:</b>	2001 Lee Ave, Bismarck, North Dakota - 58504
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	Sheila Rahn
<b>Email Address:</b>	srahn@cccscorp.com
<b>Telephone Number:</b>	701-222-3440 ex 145

<b>Facility Director</b>	
<b>Name:</b>	Kevin Arthaud
<b>Email Address:</b>	karthaud@cccscorp.com
<b>Telephone Number:</b>	701-222-3440 ex 101

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	165
<b>Current population of facility:</b>	78
<b>Average daily population for the past 12 months:</b>	82
<b>Has the facility been over capacity at any point in the past 12 months?</b>	Yes
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	18-65
<b>Facility security levels/resident custody levels:</b>	alternate secure
<b>Number of staff currently employed at the facility who may have contact with</b>	33

<b>residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	4
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
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<b>Name of agency:</b>	Community, Counseling, and Correctional Services, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	471 East Mercury Street, Butte, Montana - 59701
<b>Mailing Address:</b>	471 E Mercury Street, Butte, Montana - 59701
<b>Telephone number:</b>	4067820417

<b>Agency Chief Executive Officer Information:</b>	
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<b>Name:</b>	Mike Thatcher
<b>Email Address:</b>	mthatcher@cccscorp.com
<b>Telephone Number:</b>	406-782-0417

<b>Agency-Wide PREA Coordinator Information</b>			
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<b>Name:</b>	Marwan Saba	<b>Email Address:</b>	msaba@cccscorp.com
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<b>Facility AUDIT FINDINGS</b>
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<b>Summary of Audit Findings</b>
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The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

**Number of standards exceeded:**

5

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.231 - Employee training
- 115.232 - Volunteer and contractor training
- 115.273 - Reporting to residents
- 115.286 - Sexual abuse incident reviews

**Number of standards met:**

36

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-09-26
2. End date of the onsite portion of the audit:	2023-09-27

#### 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:	Director at Abused Adult Resource Center (AARC).

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	165
15. Average daily population for the past 12 months:	82
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	85
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	2

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>The auditor also interviewed one resident who presented with a speech impediment.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>40</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>

<b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	0
<b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	None.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	11
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
<b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	Selected at least one resident from each housing wing and gender housing area.
<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No



<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	None.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	7
<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>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	2
<b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	2
<b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Pursuant to observation during the facility tour and during the on-site audit, the auditor noted zero residents who required assistance to ambulate throughout the facility as the result of apparent blindness or low vision. Additionally, the auditor randomly asked staff regarding the presence of blind residents at BTC. Zero blind or low vision residents were identified.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Pursuant to observation during the facility tour and during the on-site audit, the auditor noted zero residents with apparent deafness or low hearing as they conversed with him. Additionally, the auditor randomly asked staff regarding the presence of deaf residents at BTC. Zero deaf or low hearing residents were identified.</p>

<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During interviews with residents and random conversations during the facility tour and throughout the on-site visit, the auditor noted zero non-English speaking residents. Furthermore, he observed zero non-English speaking residents.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>2</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During random staff interviews, the auditor inquired regarding the presence of transgender/intersex residents and was advised there were none at BTC. Additionally, neither staff nor resident interviews described any interactions with other residents wherein transgender/intersex residents were identified.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>1</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Pursuant to the auditor's random review of victimization/aggressor screenings, he found zero instances wherein current residents identified historical sexual abuse in a prison/jail/lockup, or juvenile facility.</p>

<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>BTC is a community confinement facility and accordingly, restricted or segregated housing is not used at the facility nor available at the facility.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>None.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>

<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></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><b>If "Other," describe:</b></p>	<p>Gender given the fact male and female residents are housed at the facility.</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>None.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>10</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p><b>a. Explain why it was not possible to interview the Agency Head:</b></p>	<p>The auditor interviewed the agency head during the last six years and the CCPC confirmed that his responses were accurate. The CCCS PC was on site with the auditor during the on-site visit.</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>a. Explain why it was not possible to interview the PREA Coordinator:</b></p>	<p>The auditor interviewed the CCCS PC during the last three years and the CCPC confirmed that his responses were accurate. The CCCS PC was on site with the auditor during the on-site visit.</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

**80. 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
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	<p>The auditor notes that despite three attempts to secure an interview with a sexual abuse criminal investigator for Bismarck Police Department, he has not been able to complete the requisite interview. On April 31, 2024, the auditor successfully made contact with the a sergeant in the detective division, requesting said interview. The auditor was subsequently assured that a detective would contact the auditor to complete the interview. As the auditor received no return telephone call, he again called the sergeant on May 3, 2024 and May 7, 2024, leaving messages on both occasions. As of the date of this writing, the auditor has not received any return telephone calls to facilitate the requisite interview.</p>

**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.

<p><b>84. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>Was the site review an active, inquiring process that included the following:</b></p>	
<p><b>85. 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)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>86. 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)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>BTC staff were very facilitative, ensuring that the auditor had access to every area of the facility, as well as, residents, staff, files, and electronic data.</p>
<p><b>Documentation Sampling</b></p>	
<p>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.</p>	
<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

Human Resources Files- 12  
 Employee Training Files- 13  
 Resident Files- 13

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

**Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

	<b># of sexual abuse allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	2	0	2	0
<b>Total</b>	2	0	2	0

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

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

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	1	1
<b>Total</b>	0	0	1	1

**Sexual Harassment Investigation Outcomes**

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

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

2

<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>2</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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**Sexual Harassment Investigation Files Selected for Review**

<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>1</p>
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<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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**Inmate-on-inmate sexual harassment investigation files**

<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
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<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<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)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<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)
<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	One sexual abuse investigation was actually a staff misconduct fact pattern. As reflected in the audit report, a staff member exposed a body part and forwarded the photograph to a resident electronically (via telephone).
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No

## Non-certified Support Staff

**116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

Yes

No

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. 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

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <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>

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Pursuant to the Pre-Audit Questionnaire (PAQ), the Program Administrator (PA) self reports the agency has a written policy(ies) mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The PA further self reports the facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.</p> <p>The facility has a written policy which includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and the policy includes sanctions for those found to have participated in prohibited behaviors. Additionally, the policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p>BTC Policy 13-1 entitled PREA General Requirements, sections entitled Purpose and Policy address 115.211(a). Pages 1-9 of the same policy also address 115.211(a).</p> <p>Pursuant to the PAQ, the PA self reports the agency employs or designates an upper-</p>

level, agency-wide PREA Coordinator (PC) and he appoints the Bismarck Program Manager (PM), who 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. The PA self reports the CCCS PC is in the agency's organizational structure and the auditor verified the same pursuant to review of the CCCS Organizational Chart. The CCCS PC reports directly to the Director of Development Administration and Contract Management, who reports directly to the CCCS Chief Executive Officer (CEO). The CCCS PC has direct access to corporate executive staff.

The auditor notes the American Correctional Association (ACA) Coordinator/PREA Manager (PM) serves as the PM at BTC and she asserts she sometimes has sufficient time and authority to develop, implement, and oversee facility efforts to comply with the PREA standards at BTC. She is likewise included in the facility organizational chart hierarchy, directly reporting to the PA.

BTC Policy 13-1 entitled PREA General Requirements, pages 6 and 7, section IV(A)(1)(a-d) addresses 115.211(b).

The CCCS PC asserts he has sufficient time to manage all of his PREA- related duties. He oversees eight facilities with collateral Compliance Manager duties. Eight PCMs (indirect reports) and one Compliance/PREA Specialist report to him and facilitate PREA- related duties at the respective facilities. As PC, he identifies the issue(s) and assesses whether policy development/modification is necessary. Review of the Staffing Plan is a critical step when confronted with any PREA issue, as well as, review of camera needs and placements.

The BTC PM asserts she uses effective time management skills and prioritization to manage all daily duties, inclusive of PREA. She documents PREA "to do" items on her daily calendar. Employing Management by Wandering Around (MBWA), she is accessible to both staff and residents on a daily basis. Daily monitoring results in more efficient management of both programs.

During unannounced resident sexual safety rounds conducted every six weeks and daily rounds, she assesses blind spots, poster placements, and resident privacy issues. Additionally, she closely monitors resident and staff training daily as she reviews her calendar.

If PREA issues are identified, the interviewee ensures that the PA is in the loop. She advises him regarding the issues and potential solutions. She makes recommendations regarding policy and training changes which are subsequently reviewed by corporate staff if the PA agrees with the same. Monetary expenditures are authorized by the PA and/or corporate staff.

As a point of interest, a PREA Compliance Acknowledgment is issued to all contractors, visitors, and volunteers each time they enter BTC. Potential entrants are instructed to read this Acknowledgment and affix their signature to the same. Of note, the auditor did sign and date the same upon entry into BTC.

	<p>The Acknowledgment addresses definitions of sexual abuse, sexual harassment, voyeurism, and mandatory investigation of anyone who has allegedly committed such an act, inclusive of prosecution in those instances wherein the evidence threshold is met for a criminal act. Additionally, the same includes a certification of understanding of the requirements of PREA as scripted in the document, verbiage regarding zero tolerance towards any form of sexual abuse and sexual harassment, and verbiage regarding immediate reporting of any knowledge of sexual abuse or sexual harassment. This document serves as a constant PREA reminder to affected individuals entering the confines of BTC.</p> <p>In view of the above, the auditor has determined that the BTC program exceeds Standards 115.211 and 115.232 based on this practice. An important segment of PREA familiarity is ingrained in potential entrants each and every time they visit the facility.</p> <p>In view of the above, the auditor finds BTC exceeds standard expectations with respect to 115.211.</p>
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<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the PA self reports CCCS and BTC do not contract with other facilities or companies to house residents designated for confinement at BTC. The auditor's research and informal interview with the CCCS PC and PA validate the same.</p> <p>Given the lack of evidence substantiating non-compliance with 115.212, the auditor finds BTC substantially compliant with the same.</p>

<b>115.213</b>	<b>Supervision and monitoring</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the PA self reports the agency develops and documents a</p>

staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect residents against sexual abuse. The PA self reports the average daily number of residents since the last PREA audit is 82 and the average daily number of residents on which the staffing plan is predicated is 82.

BTC Policy 13-1 entitled PREA General Requirements, page 7, section IV(A)(5) addresses 115.213(a).

As the auditor toured the facility, he noted substantial efforts have been devoted to addressing blind spots since the last few PREA audits. Camera placements, as well as, the strategic installation of mirror(s) have been implemented to address the hallway blind spots resultant from the physical plant. The auditor does recommend the installation of a mirror outside the Laundry Area in the Back Building, as well as, a mirror in the East side of the Front Building, first floor at the T in the hallways outside the male bathroom.

In addition to the above, the auditor noted substantial staff presence throughout the facility. Staff from all disciplines assist with supervision throughout the facility. The combination of staff presence and electronic camera supervision appears to be effective for sexual safety supervision.

According to the PA, there is a BTC Staffing Plan that is updated annually. He advises that staffing levels are adequate to protect residents against sexual abuse and staffing levels are based on resident population, risk factors, disabilities, resident mental health issues, previous PREA incidents, physical plant concerns, and camera surveillance. The staffing plan is documented and maintained (hard copy) by the PA. The staffing plan is also maintained on the Administrative Shared Drive, accessible only to specific staff with access privileges.

Of note, four staff are assigned to the day and evening shifts while three staff are assigned on evening shift. Thirty-two cameras are monitored to augment physical staff supervision.

The PA further relates 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 are considered. All of these considerations are articulated as follows:

Physical layout of the facility- The primary focus is on blind spots and areas of congregation. The vast majority of blind spots have been addressed however, as different areas of concern are identified, the same may be addressed by installation of mirrors and/or cameras/saturation of staff rounds. Unannounced sexual safety rounds during both regular duty and off-duty hours are used to identify weaknesses. Additionally, Management by Wandering Around (MBWA) by administrative staff is used to address any supervision issues. All administrative staff make MBWA rounds on a rotational basis. Evaluation of line of sight is also a major focus during MBWA rounds.

Composition of the resident population- The general population is primarily

comprised of caucasian and native american residents, with a few black and hispanic residents scattered throughout. A small number of lower level gang members and/or associates are likewise scattered throughout the facility. The LGBTI population is minimal and negligible in terms of concerns. While there is a substantial number of aggressors within the resident population, separation from non-aggressors has not been a problem. Likewise, ethnic balance has not been problematic.

Prevalence of substantiated and unsubstantiated incidents- In comparison to previous years, the number of incidents is decreasing. While not required pursuant to the Community Confinement Standards, unannounced sexual safety rounds have been implemented and the same appear to be beneficial. Close monitoring of Sexual Abuse Response Team meetings and reports allows for effective monitoring of trends and completion of recommendations, if feasible. Of note, one sexual abuse and one sexual harassment investigation were facilitated during the last 12 months.

The PA asserts that town hall meetings are conducted on a monthly basis wherein residents can address concerns, inclusive of sexual safety issues should they desire.

The PA asserts that he personally monitors the daily roster to ensure vacancies are addressed. The behavioral technician coordinator (BTC) likewise monitors the daily roster and keeps the PA in the loop regarding vacancies. Both work collaboratively to ensure proper coverage.

The auditor notes the PM articulated nearly the same responses regarding the four considerations mentioned above.

Compliance with the staffing plan is accomplished by the PA and BTC monitoring of the daily Security Shift Report. As previously mentioned, the BTC ensures the PA remains in the loop regarding call-offs, etc. The case manager supervisor (CMS), food service director (FSD), and treatment director (TD) likewise appraise the PA regarding their staff vacancies. On a weekly basis, the aforementioned department heads and the PA discuss staffing for the next week.

The Exception or Deviation Form is used to document post shortages and strategy(ies) used to offset vacancies. Of note, zero posts have remained vacant throughout the last 12 months.

Pursuant to the PAQ, the PA self reports in circumstances where the staffing plan is not complied with, facility staff would document and justify all deviations from the plan as noted above.

It is noted the auditor reviewed two 2022 and one 2023 Deviation Forms and determined that accountability for deviation from the staffing plan is isolated to staff sick calls or relief of Behavioral Technicians (BTs) for specified reason(s). The PA confirmed the same during a separate conversation.

The PA also advised that when assessing adequate staffing levels and the need for

	<p>video monitoring, blind spots, the linear configuration of the facility, and resident schedules for movement throughout and outside the facility are considered.</p> <p>Resident offenses, frequency and nature of disciplinary reports, and locations at which incidents occurred, as well as, where incidents happened, any patterns, and root causes are also considered. Finally, any other relevant factors are considered.</p> <p>BTC Policy 13-1 entitled PREA General Requirements, page 7, section IV(A)(6) addresses 115.213(b).</p> <p>Pursuant to the PAQ, the PA self reports that at least once every year, the facility reviews the staffing plan to assess whether adjustments are needed to:</p> <p>The staffing plan;  Prevailing staffing patterns;  The deployment of video monitoring systems and other monitoring technologies; or  The allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the same.</p> <p>BTC Policy 13.1 entitled PREA General Requirements, page 7, section IV(A)(7) addresses 115.213(c).</p> <p>According to the PM, the Staffing Plan is reviewed on, at least an annual basis, and she is consulted regarding any necessary adjustments.</p> <p>The auditor's review of the August 3, 2023 Staffing Plan Review reveals substantial compliance with 115. 213(c). A discussion of the staffing strategy to offset staffing needs and updating of camera systems is detailed and informative. The review process is deliberate and genuine.</p> <p>In view of the above, the auditor finds BTC substantially compliant with 115.213.</p>
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<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the PA self reports that facility staff can conduct cross gender strip or cross-gender body cavity searches of residents however, the following policy clearly stipulates the same can only be conducted in exigent circumstances. A definition of exigent circumstances is included in the policy. The PA further self reports zero strip or cross-gender visual body cavity searches of residents were conducted at BTC during the last 12 months.</p>



BTC Policy 13-1 entitled PREA General Requirements, page 7, section IV(A)(8) addresses 115.215(a).

The non-medical staff involved in cross-gender strip or visual searches interviewee reports that such searches are not facilitated at BTC. However, trafficking drugs in the rectum qualifies as an exigent circumstance.

The auditor has found no evidence of cross-gender strip or visual searches conducted by non-medical staff at BTC during the last 12 months. Clearly, while allowed under exigent circumstances, staff are dissuaded from performing such searches as reflected in the afore-cited policy.

Pursuant to the PAQ, the PA self reports that the facility does not allow cross-gender pat down searches of female residents absent exigent circumstances. The PA further self reports the facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision and there has been zero pat-down searches of female residents conducted by male staff during the last 12 months.

BTC Policy 13-1 entitled PREA General Requirements, page 8, section IV(A)(9) and (10) addresses 115.215(b).

The auditor has not discovered any incident wherein such programming or opportunities were canceled based on the circumstances cited in the provision.

All 12 random staff interviewees report access to programs or outside activities would not be restricted if insufficient female staff were available to conduct pat-down searches of female residents. Interviewees report female staff are either always on site or available pursuant to on-call/recall. Similarly, both random female residents of the 11 random resident interviewees report that the afore-described program(s) and activities would not be canceled as there are always female staff on site. Additionally, a modified non-contact pat search may be employed.

Pursuant to the PAQ, the PA asserts facility policy requires that all cross-gender strip and cross-gender visual body cavity searches are documented. Likewise, facility policy requires that all cross-gender pat down searches of female residents are documented.

BTC Policy 13-1 entitled PREA General Requirements, page 8, section IV(A)(11) addresses 115.215(c).

The auditor finds no evidence of the conduct of cross-gender strip searches/visual body cavity searches/ or cross-gender pat searches of female residents at BTC during the audit period, as zero such searches are documented in the Exigent Circumstances Log. Additionally, neither resident nor staff interviewees reported the conduct of such searches at BTC during the last 12 months.

Pursuant to the PAQ, the PA self reports that the facility has implemented policies and procedures 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 circumstance or when such viewing is incidental to routine room checks (inclusive of viewing by cameras). Policies and procedures also require staff of the opposite gender to announce their presence when entering a resident housing unit.

BTC Policy 13-1 entitled PREA General Requirements, pages 8 and 9, sections IV(A)(12) and (13) addresses 115.215(d).

Nine of 11 random resident interviewees state that all opposite gender staff announce their presence prior to entering their housing area and/or bathrooms. Minimally, prior to entering their room or the bathroom, opposite gender staff knock on the door, announce gender, generally wait a short period of time, and then enter. The two residents who state that opposite gender staff do not always announce their gender stipulate that the frequency of compliance is 85% to 90% of the time. All 11 random resident interviewees report they are never naked in full view of opposite gender staff (not including medical staff such as doctors, nurses) when toileting, showering, or changing clothing.

All 12 random staff interviewees confirmed the random resident statements, advising that they announce themselves when entering a unit and they knock on the door, announce gender, pause, and then enter. Additionally, residents are able to shower, toilet, and change clothes without being observed by staff of the opposite gender. Of note, the auditor inquired of both male and female staff if all staff of the same gender are attentive to this provision with a positive response from all interviewees.

During the facility tour, the auditor noted no instances either during the facility tour or throughout the duration of the on-site visit wherein opposite gender staff failed to announce their presence (by gender) whenever they entered a housing area. This observation applies to staff from all disciplines.

In addition to the above, the auditor notes that in one male bathroom in the lower Front Building (East side), toilets, urinals, and showers are behind a closed door. All features are properly shielded by curtains, with the exception of one toilet. The auditor recommends that a portable and movable screen be constructed with PVC pipe or some other security prudent material and covered with canvas to provide privacy for that one toilet. A similar screen is recommended in the eight individual bathrooms locate in the Back Building (2nd floor female unit). As is the case in the aforementioned male bathroom, both the shielded shower (shower curtain) and toilets, with the exception of the one mentioned above are secured behind a closed door.

Pursuant to the PAQ, the PA self reports the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. No such searches were facilitated in the last 12 months.

BTC Policy 13-1 entitled PREA General Requirements, page 8, section IV(A)(11)(a)(iii) addresses 115.215(e).

Eleven of 12 random staff interviewees report they are aware of the policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. With respect to the one staff member who was not aware of policy in this regard, the auditor did advise that such searches are not authorized for the sole purpose of determining genitalia. With respect to transgender/intersex residents, the PM asserts that zero transgender/intersex residents were housed at the facility during the on-site visit and accordingly, such interviews could not be facilitated.

Pursuant to the PAQ, the PA asserts that 100% of security staff have received training on conducting pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. As a matter of fact, all BTC staff have been properly trained as previously indicated.

BTC Policy 13-1 entitled PREA General Requirements, page 9, section IV(A)(14)(a) addresses 115.215(e).

The auditor's review of a PREA Resource Center (PRC) video entitled Guidance on Cross-Gender and Transgender Pat Searches regarding the conduct of cross-gender pat down searches and searches of transgender/intersex residents in a professional and respectful manner reveals substantial compliance with 115.215(f). Pursuant to the relevant training plan, the LGBTI Gender Identity and Gender Expression, Housing, Programs and Searches policy is also addressed during the training. Cross-gender pat-down searches and searches of transgender/intersex residents in a professional and respectful manner training is facilitated during the Restraints and Searches session during Pre-Service and annual In-Service training.

The auditor's review of nine 2023 In-Service Cross-Gender and Transgender Pat Searches Staff Development and Training Record Forms reveals requisite training was provided to BTC staff. Clearly, requisite training is provided during both pre-service and in-service training. The auditor's on-site review of 13 additional random staff training files (pertaining to staff from all disciplines) reveals requisite training was provided in each case during either Pre-Service or annual In-Service during the last 12 months.

According to the 12 random staff interviewees, they have been trained regarding cross-gender pat searches and searches of transgender and intersex residents in a professional and respectful manner. All interviewees report they received this training during 2022 and 2023 however, such training is provided during annual PREA In-Service and Pre-Service training. This training was provided by a combination of instructor-led, presentation of a video, Power Point presentation, and discussion and/or demonstration.

In view of the above, the auditor finds BTC substantially compliant with 115.215.

**115.216**

**Residents with disabilities and residents who are limited English proficient**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Pursuant to the PAQ, the PA self reports the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse/harassment.

BTC Policy 14-3 entitled Intake/Screening, pages 2 and 3, section II(A)(2)(a-c) and (3) addresses 115.216(a).

Pursuant to a Memorandum Of Understanding (MOU) with a Special Education Teacher (uploaded into OAS), she provides services to low functioning or mentally impaired BTC residents with respect to the requirements of 115.216(a). The auditor's review of the MOU reveals substantial compliance with 115.216(a).

With respect to residents who present with low reading skills, blindness, or low vision, staff read materials to them. With respect to low hearing or deaf residents, they can read PREA materials provided to them. The intake staff interviewee self reports that he reads the PREA Handbook to low functioning and blind residents.

In addition to the above, the auditor reviewed the contract between BTC and the North Dakota Department of Corrections and Rehabilitation (ND DOCR), determining that BTC staff can refuse acceptance of ND DOCR inmates based on security concerns. This provision is scripted at page 10, section 15(H)(5) of the aforementioned contract.

The auditor's review of the BTC PREA Handbook reveals the same is written in a format, seemingly readable and understandable by the vast majority of the resident population. The document is produced in a large font version in an effort to ensure that visually impaired residents can read and retain the same.

The Agency Head asserts the agency has established procedures to provide residents with disabilities and residents who are limited English proficient (LEP) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse/harassment. Pursuant to contract with LanguageLink, compliance regarding LEP residents is accomplished. In terms of MOUs for cognitively impaired or low functioning residents, there is a Corporate agreement with a Special Education Teacher to provide services to this population, when necessary.

The five residents with disabilities (two with physical disabilities, two low functioning, and one speech impaired) interviewees state the facility provides information about sexual abuse/harassment they are able to understand.

The auditor notes posters are positioned at reasonable heights for physically disabled residents to review. Additionally, printed materials appear to be written at a reading level and font appropriate to the resident population.

Pursuant to the PAQ, the PA self reports the agency has established procedures to provide residents with limited English proficiency 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.

BTC Policy 14-3 entitled Intake/Screening, page 3, section II(A)(3) addresses 115.216(b).

The auditor's review of the LanguageLink contract and instructions reveals substantial compliance with 115.216(b). Finally, the auditor's review of the BTC PREA Handbook reveals the same is presented in English. LanguageLink would be accessed, if required, to facilitate understanding of PREA materials for LEP residents.

The auditor tested the LanguageLink line from a staff telephone as residents are not provided access to the same. The PM facilitated the test pursuant to the aforementioned directions of which she was in possession. The LanguageLink contact number was reached and the CCCS account number was keyed into the telephone. Subsequently, a prompt was received requesting the preferred language for interpretation. At this point, the test was determined to be successful and the call was terminated.

At the time of the on-site audit, the PM reported zero LEP residents were confined at BTC and accordingly, the interview could not be facilitated.

Pursuant to the PAQ, the PA self reports agency policy prohibits use of 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, or the investigation of the resident's allegations. The PA further self reports the facility does document the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. Finally, during the last 12 months, there were no instances wherein resident interpreters, readers, translators, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first response duties, or the investigation of the resident's allegations.

BTC Policy 14-3 entitled Intake/Screening, page 3, section II(A)(3) addresses 115.216(c).

Eleven of 12 random staff interviewees report resident interpreters or translators can be used pursuant to 115.216(c) circumstances. Only two of the 12 interviewees did not know any of the circumstances under which such translation can occur. Loss of evidence/investigation, further physical injury to the victim, and inhibition of first responder effectiveness were all cited as reasons for utilizing another resident as a translator in 115.216(c) situations. All random staff interviewees advised resident interpreters/translators had not been used under these circumstances during the last 12 months.

	In view of the above, the auditor finds BTC substantially compliant with 115.216.
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115.217	Hiring and promotion decisions
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the PA self reports agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who:</p> <ul style="list-style-type: none"> <li>Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);</li> <li>Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or</li> <li>Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</li> </ul> <p>CCCS Policy 1.3.1.12 entitled Employee, Contractor and Volunteers Clearance Check, pages 1 and 2, section IV(B) addresses 115.217(a).</p> <p>The auditor's review of Disclosure of PREA Employment Standards Violation forms (these forms are completed annually by BTC staff) reveals substantial compliance with 115.217(a), (b), and (f). The employee completes the form, checking the correct boxes in response to 115.217(a) and (b) issues. Finally, the employee signs and dates each form.</p> <p>While two 2022 Disclosure of PREA Employment Standards Violation forms were completed, signed and dated in conjunction with promotions, the same were completed within four to nine months following the promotion effective date. The promotion Interview Response Rating Form [includes the 115.217(a) and (b) questions] could not be located in either case and accordingly, further validation of these forms could not be located. The auditor recognizes that the staff promoted in each case had been employed at BTC for at least two years prior to the promotion and accordingly, the promoting officials would have been aware of the status of 115.217(a) and (b) issues if any had arisen during employment. Accordingly, the auditor finds BTC substantially compliant with 115.217(a).</p> <p>Of note, the auditor's review of 2022 and 2023 Interview Response Rating Forms reveals 115.217(a) and (b) questions were asked in at least one of the two formats in five of six cases. In one case, the requisite form(s) was completed approximately five months following the date of hire. Additionally, the auditor's review of criminal background record checks related to these individuals reveals absence of</p>

115.217(a) and (b) information.

The auditor's on-site review of 12 employee Human Resource (HR) files, six of which pertain to employees hired since the last PREA audit, particularly assessing whether the 115.217(a) and (b) questions were asked prior to or on the date of hire, reveals substantial compliance with 115.217(a) and (b). Specifically, timelines were met in four of the six cases.

According to the PA, zero contractors are on board at BTC. Further information regarding the same is addressed in the narrative for 115.232.

Pursuant to the PAQ, the PA self reports agency policy shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

CCCS Policy 1.3.5.12 entitled PREA, page 7, section 115.217(b) entitled Hiring and Promotion Decisions addresses 115.217(b).

The auditor has not found any validated incidents of sexual harassment of residents, etc. pursuant to review of Disclosure of PREA Employment Standards Violation forms and/or Interview Response Rating Form(s) with respect to staff hires and promotions during the audit period. As the criminal background record check generally does not address charges of sexual harassment, the only documentary validation is the Prior Institutional Employer Request for Information form that is forwarded to prior institutional employers in accordance with 115.217(c).

Pursuant to the auditor's on-site review of 12 employee HR files, he found two cases of contact with previous institutional employers regarding incidents of sexual harassment, as well as, 115.217(c) issues. The auditor has neither found nor been provided with any documentation to substantiate prior sexual harassment of inmates, residents, etc.

According to the HR/PA interviewee, prior incidents of sexual harassment are considered when determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with residents.

Pursuant to the PAQ, the PA self reports agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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. The PA further asserts that six staff were hired within the last 12 months who may have contact with residents who have had criminal background record checks.

CCCS Policy 1.3.5.12 entitled PREA, page 7, section 115.217(c) entitled Hiring and Promotion Decisions addresses 115.217(c).

According to the HR interviewee, criminal record background checks are conducted regarding all newly hired employees who may have contact with residents and all

employees who are considered for promotions. Additionally, the interviewee states such checks are likewise conducted regarding any contractor who may have contact with residents.

The interviewee states that provision of fingerprints triggers an FBI criminal background records check. BTC staff can facilitate the North Dakota Courts check on a public access site. The

A new criminal background record check is facilitated with respect to promotion(s), as well as, the initial criminal background records check for applicants and contractors. Of note, the fingerprint check is initiated by the PA.

The auditor's on-site review of one completed 2022 and one 2023 Prior Institutional Employer Request for Information forms reveals substantial compliance with 115.217(c)(2). In view of policy requirements, interview results, and the fact that evidence reveals prior institutional employer checks were conducted in both applicable files reviewed, the auditor finds BTC compliant with 115.217(c)(2).

However, BTC non-compliance with 115.217(c)(1) is addressed in the following paragraph.

The auditor's on-site review of two of six employee HR files applicable to employees hired during 2022 and 2023 reveals criminal background record checks were facilitated prior to the date of hire. In two of the non-compliant cases, the criminal background record check documentation was not located by BTC staff.

In view of the above, the auditor finds BTC non-compliant with 115.217(c)(1) and accordingly, a 180-day corrective action period is imposed wherein the PM will demonstrate substantial compliance with the aforementioned provision, as well as, institutionalization of the same. The corrective action due date is March 22, 2024.

To demonstrate compliance with and institutionalization of 115.217(c), the PM and PA will collaborate to develop viable dates of hire for oncoming staff, ensuring that acceptable and timely criminal background record checks have been received and reviewed prior to the date of hire. Additionally, the auditor recommends that a hiring checklist be developed to capture critical hiring milestones, facilitating compliance with 115.217 hiring expectations.

Between the date of this interim report and March 22, 2024, the PM will provide to the auditor a roster of new staff hires who have contact with residents. The auditor will randomly select five to ten names and the PM will upload the date of hire and she will subsequently upload documentation validating completion of the criminal background record check. The auditor will review the documentation and render a decision regarding timeliness and compliance.

March 21, 2024 Update:

According to the PM, a North Dakota Courts (ND Courts) criminal background record check is completed by the PA prior to hiring new applicants and an FBI fingerprint



check is subsequently completed. The same encompasses only charges and convictions accrued in North Dakota. Conditional hiring decisions are effected based on the ND Courts check. In other words, 115.217(a) and (b) issues, minimally, are assessed based on this document. Subsequently, when the FBI fingerprint check analysis is received, the same issues are again assessed.

The auditor's review of five ND Courts and FBI fingerprint checks regarding staff selected in close proximity to the on-site audit reveals the ND Courts check was satisfactorily completed prior to the entry-on duty date. The FBI fingerprint check was subsequently completed within one to two months of hire. The auditor found no deviations from 115.217(a) with respect to these cases. The FBI fingerprint checks are uploaded into OAS.

In addition to the above, the PM and PA have developed a hiring grid, capturing critical hiring milestones, and thereby facilitating compliance with 115.217 hiring expectations. This especially applies to timely completion and assessment of criminal record background checks prior to hiring. A copy of the same is uploaded into OAS.

Given the above, the auditor finds BTC is now substantially compliant with 115.217(c).

Pursuant to the PAQ, the PA asserts agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. The PA further self reports that during the last 12 months, zero background checks were conducted for contract staff engaged in contracts for services at BTC. Zero contractors who may have contact with residents, within the meaning of 115.217(d) and 115.232, have been utilized at BTC.

CCCS Policy 1.3.1.12 entitled Employee, Contractors and Volunteers Clearance Check, page 1, section IV(A)(2) addresses 115.217(d).

Pursuant to the PAQ, the PA asserts agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

CCCS Policy 1.3.1.12 entitled Employee, Contractors and Volunteers Clearance Check, page 2, section IV(C) addresses 115.217(e).

The auditor's on-site review of one of five criminal background record check reinvestigations reveals substantial compliance with 115.217(e), the same being negative for additional 115.217(a) charges. Requests for two additional five-year reinvestigations were forwarded to ND DOCR during August, 2023 with results not received at the time of the on-site visit. In two cases, evidence of five-year reinvestigation requests or receipt of evidence were non-existent.

In view of the above, the auditor finds BTC marginally compliant with 115.217(e)

requirements. The auditor admonishes BTC staff that additional vigilance must be employed to ensure future compliance with the provision. Specifically, timely requests for five-year reinvestigations must be employed in all applicable cases.

According to the HR interviewee, five-year re-investigation tracking is accomplished by the PA. He initiates the reinvestigation pursuant to the procedure articulated in the narrative for 115.217(c). The interviewee reviews the employee roster on a monthly basis to monitor due dates for five-year reinvestigations. He utilizes a three to five month window from the five-year anniversary date for commencement of the process.

CCCS Policy 1.3.5.12 entitled PREA, page 7, section 115.217(f) addresses 115.217(f).

The auditor's on-site review of three of four of six new employee files for staff hired during the audit period reveals the requisite 115.217(a) and (b) questions were asked prior to hire. It is also noted that requisite questions are referenced in employment applications.

The auditor's on-site review of six random staff HR files reveals applicable staff completed Disclosure of PREA Employment Standards Violation forms on an annual basis. The forms were completed as described in the narrative for 115.217(a). In six cases, the annual Disclosure of PREA Employment Standards Violation form was not yet due.

The continuing affirmative duty to disclose any such previous misconduct verbiage is also reflected on these forms.

The HR interviewee states that all applicants and employees who may have contact with residents are asked about previous misconduct described in section a (above) in written applications for new hires or promotions and on an annual basis, generally in January of each year. Employees generally do not provide written self-evaluations as part of reviews of current employees. In addition to the above, employees are subjected to a continuing affirmative duty to disclose any such previous misconduct.

Pursuant to the PAQ, the PA self reports agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

CCCS Policy 1.3.1.2 entitled Recruiting and Selection, page 1, section I addresses 115.217(g).

The auditor notes the Disclosure of PREA Employment Standards Violation forms reveal substantial compliance with 115.217(g). The employee completes the form, checking the correct boxes in response to 115.217(a) and (b) issues. Finally, the employee signs and dates each form.

The auditor notes a caveat is included on this form wherein the employee is advised that material omissions or provision of false information regarding 115.217(a) and (b) misconduct are grounds for termination. A discussion regarding the auditor's

	<p>findings regarding this form is articulated in the narrative for 115.217(a).</p> <p>CCCS Policy 1.3.5.12 entitled PREA, page 7, section 115.217(h) addresses 115.217(h).</p> <p>According to the HR interviewee, when a former employee applies for work at another institution and upon request from that institution, the facility provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee. The PA would provide such information. The PA asserts that zero requests were received from an institutional employer regarding a former employee who applied for work at another institution during the last 12 months</p> <p>In view of the successfully completed corrective action articulated in the narrative for 115.217(c), the auditor now finds BTC substantially compliant with 115.217.</p>
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the PA asserts that the facility has acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.</p> <p>As cited in the narrative for 115.215, one bathroom was renovated, converting the same to individual shower and toilet cabinets. However, the PA asserts that zero expansions were made to existing facilities during the last 12 months.</p> <p>Given the above, the auditor finds that the same does not meet 115.218(a) criteria. Nonetheless, PREA considerations reportedly factored into the modification(s). The auditor finds the modifications not applicable to BTC.</p> <p>Pursuant to the PAQ, the PA self reports the facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p>Pursuant to follow-up with the PA, the auditor finds that a camera upgrade has not been implemented since the last PREA audit. However, some upgrades and additions have been identified and a quote has been received for the same. The</p>

	<p>project has not yet commenced and accordingly, 115.218(b) is not applicable to BTC for this audit period. The auditor notes that Requests for Purchase regarding this project are uploaded in OAS.</p> <p>In view of the above, there is no evidence of violation of the requirements of 115.218 and accordingly, the auditor finds BTC substantially compliant with the same.</p>
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<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the PA self reports that the facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The PA further self reports that the Bismarck Police Department (BPD) conducts criminal investigations. Pursuant to a 2023 Memorandum of Understanding (MOU) between the BTC PA and the BPD Chief of Police, BPD criminal investigators facilitate criminal investigations of sexual abuse at BTC. 115.221(b) investigative protocols are employed by BPD criminal investigators in the event of a criminal investigation.</p> <p>In terms of a uniform evidence protocol, BTC Policy 13-4 entitled PREA, page 2, section II(a)(12) addresses 115.221(a). Additionally, page 7, section II(e)(a) addresses 115.221(a).</p> <p>Eleven of the 12 random staff interviewees articulated that the evidence protocol requires the victim and perpetrator be separated, the crime scene is secured, request that the victim not destroy physical evidence by brushing teeth, changing clothes, showering, eating, drinking, urinating, and defecating. Staff are to ensure the perpetrator does not destroy evidence as stipulated in the preceding sentence. This is commensurate with the provisions of the aforementioned policy.</p> <p>Ten of 12 random staff interviewees were able to identify at least one of the four administrative sexual abuse investigators at BTC, as well as BPD, as the criminal investigating agency.</p> <p>Pursuant to the PAQ, the PA self reports that youth are not housed at BTC. The PA further self reports that the protocol was adapted from or is otherwise based on the most recent edition of 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</p>

after 2011.

It is noted that forensic medical examinations and evidence collection are not facilitated by BTC staff or at BTC. The auditor notes that the first responder protocol is commensurate with the above.

Zero forensic medical examinations were facilitated during the audit period.

Pursuant to the PAQ, the PA self reports that the facility offers to all residents who experience sexual abuse access to forensic medical examinations. The PA further self reports that forensic medical examinations are offered without financial cost to the victim. Forensic examinations are facilitated by SAFE/SANE Nurses at the two hospitals used by BTC.

When SAFE/SANEs are not available, a qualified medical practitioner may perform forensic medical examinations or the examination may be delayed pending SANE availability. The facility does document efforts to provide SANE/SAFE Nurse forensic examinations. During the last 12 months, zero forensic medical examinations were conducted.

BTC Policy 13-4 entitled Reporting Sexual Abuse and Sexual Harassment, page 8, section II(e)(c) addresses 115.221(c).

The SANE interviewee, a certified SANE Nurse, asserts Central Dakota Forensic Nurse Examiners are responsible for forensic examinations of BTC residents.

Forensic examinations are facilitated at either St. Alexius or Sanford hospitals by a group of six on-call SANE nurses. These nurses provide forensic examination coverage on a 24/7 basis.

In North Dakota, sexual abuse evidence can be processed for up to 96 hours from the time of the assault. If, for some absolute emergency, the SANE is not available, the examination is delayed pending availability. Generally, emergency room doctors and nurses may be untrained with respect to evidence collection.

On-call SANE trained Registered Nurses complete a 40-hour on-line International Association of Forensic Nurses (IAFN) program at the beginning of the training. The same is followed by trainee observation of at least two forensic examinations and two additional examinations wherein a skilled SANE mentors them. Subsequent to the same and acknowledgment that the trainee feels comfortable with the process, solo examinations would occur.

A urinary pregnancy test is offered in the event of vaginal penetration. If the test is positive, the result may not be an indicator of pregnancy as the result of a recent abuse, given the incubation period. A re-test would occur within 10-14 days of the initial test.

Based on the circumstances, two prophylactic antibiotics are offered in conjunction with the forensic examination. Patients are admonished to follow-up with testing within two weeks.

Pursuant to the PAQ, the PA self reports that the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means. These efforts are documented. The PA self reports that when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

Pursuant to the PAQ, the PA self reports that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

The auditor's review of the 2023 MOU between BTC and the Abused Adult Resource Center (AARC) reveals substantial compliance with 115.221(d) to the extent that victim advocates (VAs) are available for assistance during forensic examinations. The aforementioned MOU does not make any mention of assistance at investigatory interviews. Of note, the MOU clearly references that VAs are certified.

Pursuant to the auditor's review of one staff sexual misconduct and one alleged staff sexual abuse investigations conducted during the last 12 months, he has determined that the victims have not requested VA assistance in response to an incident. Specifically, the victims have not been referred for forensic examination in view of the fact pattern in one case. In the other case, the victim was housed in another facility and the incident occurred during 2016. In both matters, there was no alleged skin to skin contact or penetration.

The PM reports BTC is engaged in an MOU with AARC for the purpose of facilitation of 115.221(d) and some (e) VA services. The auditor notes that the BTC PM also completed a two hour VA (victim services) on-line training course during 2023 and she can provide relevant services during either forensic examinations or investigatory interviews, if requested by the victim.

As reflected above, the specifics of 115.221(d) are met as requisite protocols are in place. There is zero evidence of non-compliance with 115.221(d).

The auditor has requested that a copy of the lesson plan or syllabus for the PM's VA training and the same has been uploaded into OAS. The auditor finds that the same, plus the PM's training verification as reflected in her training record, validates completion of the training. Given her unique role as PM, the auditor finds she is certainly qualified to provide 115.221(e) VA services during investigatory interviews.

May 6, 2024 Update:

The auditor's review of the Victim Centered VA Training syllabus uploaded into OAS reveals the same is sufficient to address 115.221(d) and (e) requirements.

	<p>The auditor notes that one resident who reported sexual abuse at BTC was housed at the facility during the on-site visit however, the investigation was not uploaded until completion of the on-site visit. Accordingly, the auditor was not able to interview him during the on-site visit. However, the auditor did interview the resident during the post-audit phase and he (the victim) stated he was not allowed to contact a VA following the incident. He stated he was not subjected to any form of penetration or skin-to-skin contact. Additionally, he was offered VA services and he declined the same.</p> <p>BTC investigators facilitate administrative sexual abuse/harassment investigations and BPD investigators complete criminal investigations of sexual abuse/harassment. Pursuant to the aforementioned MOU with BPD dated July 6, 2023, the PA has requested that criminal investigations be facilitated in accordance with sections a through e above.</p> <p>BTC Policy 13-4 entitled Reporting Sexual Abuse and Sexual Harassment, page 8, section II(e)(f) addresses 115.221(h).</p> <p>In view of the above, the auditor finds BTC substantially compliant with 115.221.</p>
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<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the PA self reports the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse and staff sexual misconduct). The PA further self reports during the last 12 months, zero administrative sexual abuse or harassment investigations were conducted and completed. However, the auditor finds that one marginal sexual abuse investigation was in process during the on-site visit. In actuality, the fact pattern is more descriptive of a staff misconduct/boundaries issue. Additionally, the auditor's review of an additional sexual abuse investigation originating from an alleged incident that occurred at BTC during 2016, reveals substantial compliance with 115.222(a).</p> <p>BTC Policy 13-4 entitled Reporting Sexual Abuse and Sexual Harassment, page 2, section II(a)(xi) addresses 115.222(a) addresses 115.222(a).</p>

The CCCS CEO asserts the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. In regard to administrative investigations, qualified investigators complete all steps of the investigative process [with the exception of physical evidence collection (e.g. DNA)], and the conduct of compelled interviews. A report is then completed. If evidence and the fact pattern suggest criminal evidentiary and definitional standards may have been met, the matter is referred to law enforcement. Again, referral is dependent upon the evidence and circumstances.

The auditor's review of sexual abuse/harassment investigations referenced throughout this report reveals no deviations from 115.222(a). The investigation was initiated and completed in a timely manner, the same was thorough addressing all components of 115.271, and the finding was based on the totality of evidence.

Pursuant to the PAQ, the PA self reports the agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The PA further self reports that agency policy regarding the referral of allegations of sexual abuse or harassment for criminal investigation is published on the agency website or made publicly available via other means. The agency does document all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

BTC Policy 13.4 entitled Reporting Sexual Abuse and Sexual Harassment, page 2, section II(a)(xii) addresses 115.222(b).

According to the administrative investigative interviewee, agency policy requires that all allegations of sexual abuse or sexual harassment are referred for investigation and potential prosecution to BPD unless the allegation does not involve potentially criminal behavior. The interviewee assesses statute and the evidentiary standard to determine whether criminal referral is prudent. Review of documentation and video, etc. is essential in determining whether to refer a matter for criminal investigation.

The administrative investigation interviewee has not referred any cases to BPD for criminal investigation during the last 12 months.

The auditor finds relevant policy regarding 115.222(c) is posted on the CCCS website.

Pursuant to the auditor's review, BTC Policy 13.10 entitled Investigations clearly delineates BTC sexual abuse/harassment investigator responsibilities in terms of assistance provided to BPD investigators during a criminal investigation.

In view of the above, the auditor finds BTC substantially compliant with 115.222.



**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

Pursuant to the PAQ, the PA self reports the agency trains all employees who may have contact with residents on the following matters:

Its zero-tolerance policy for sexual abuse and sexual harassment;  
How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;  
Residents' rights to be free from sexual abuse and sexual harassment;  
The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;  
The dynamics of sexual abuse and sexual harassment in confinement;  
The common reactions of sexual abuse and sexual harassment victims;  
How to detect and respond to signs of threatened and actual sexual abuse;  
How to avoid inappropriate relationships with residents;  
How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming residents; and  
How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

BTC Policy 13.6 entitled Training, pages 1 and 2, section V(A)(1-10) addresses 115.231(a).

The auditor reviewed the following training resources provided pursuant to the PAQ and finds that the ten topics listed above are included in the PREA training format:

PREA Refresher Course;  
PRC Guidance in Cross-Gender and Transgender Pat Searches; and  
BTC PREA Refresher Bulletins.

The auditor's review of the 2023 quarterly PREA training schedule and the Staff PREA Cross-Gender/Transgender search schedule reveals the courses are presented to staff at least annually. The auditor's review of the CCCS (BTC) Staff Development and Training Form reveals affected staff complete and understand the content of the PREA training presented. Staff sign and date the aforementioned form, signifying receipt and understanding of the subject-matter presented.

The auditor's review of twenty-six 2023 employee files reveals affected staff completed and understand the subject-matter of the above PREA Orientation and Annual Refresher Training (ART) courses. Of note, staff sign and date both forms, indicating understanding of the subject-matter presented.

The auditor's on-site review of six of eight random CCCS (BTC) Staff Development and Training Forms that affected staff who completed PREA Orientation during the last 12 months reveals substantial compliance with 115.231(a). The auditor's on-site review of eight of 13 random CCCS (BTC) Staff Development and Training Forms

	<p>reveals completion of PREA ART.</p> <p>The auditor is convinced that staff PREA training is institutionalized at BTC. In view of the above, the auditor finds BTC substantially compliant with 115.231(a).</p> <p>All 12 random staff interviewees assert they have received training regarding the 10 topics identified in this provision during the last 12 months. Such training was reportedly received during Orientation, PREA ART, and minimally, over the course of the last three to five months.</p> <p>Pursuant to the PAQ, the PA self reports that training is tailored to the male and female gender of the residents housed at the facility. The PA further self reports that employees who are reassigned from facilities housing the opposite gender are given additional training however, male and female gender residents are housed at BTC and accordingly, the training curriculum encompasses both genders.</p> <p>Pursuant to the policy citation referenced above, all new staff participate in PREA training prior to assignment.</p> <p>Assessment of relevant training validation is captured in the narrative for 115.231(a).</p> <p>Pursuant to the PAQ, the PA self reports that all employees receive requisite PREA training both during Orientation and prior to resident contact and at least annually thereafter. To ensure that all staff receive requisite training, PREA ART is provided on a quarterly basis.</p> <p>BTC Policy 13.6 entitled Training, page 2, section V(B) addresses 115.231(c).</p> <p>Pursuant to the PAQ, the PA self reports the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.</p> <p>BTC Policy 13.6 entitled Training, page 2, section V(C) addresses 115.231(d).</p> <p>115.231(d) evidence is discussed in the narrative for 115.231(a). Clearly, 115.231(d) compliance is institutionalized at BTC.</p> <p>In view of the above, the auditor finds BTC exceeds expectations with respect to 115.231 as PREA training is provided on an annual basis (PREA ART) vs. a bi-annual basis as required pursuant to the standard provision.</p>
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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard

## **Auditor Discussion**

Pursuant to the PAQ, the PA self reports that all contractors and volunteers who have contact with residents would be trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The PA further self reports zero volunteers and contractors provide services to residents at BTC. This equates to 100% of trained volunteers.

BTC Policy 13-6 entitled Training, page 2, section V(D) addresses 115.232(a).

The auditor's review of the CCCS PREA Volunteer and Contractor Training slides reveals substantial compliance with 115.232(a). The same are commensurate with the PREA training necessary for volunteers and contractors. According to the Training Schedule included in OAS, the video "Facing Prison Rape" is also presented to volunteers and contractors during PREA training. Copies of both company and BTC policy are also distributed to volunteers and contractors wherein "zero tolerance" is clearly articulated. The North Dakota Department of Corrections and Rehabilitation (ND DOCR) PREA Compliance Acknowledgment (signed and dated by the volunteer/contractor) reflects the definitions of sexual abuse/harassment. Of note, various blank documents requiring volunteer/contractor signatures and dates have been uploaded to OAS.

In follow-up to the volunteer/contractor question, the PM asserts that 25 contractors renovated the previously referenced shower in the back building. Despite the fact that none of these contractors had contact with residents, all of these construction contractors received PREA training prior to entry into the facility as the unit was closed at the time and staff supervised the process. In view of the above, the auditor determined these individuals were not contractors, providing services to residents and interacting with the same.

As zero contractors/volunteers currently provide services to BTC, interviews with the same could not be conducted.

Pursuant to the PAQ, the PA self reports that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. The PA further self reports that all volunteers and contractors who have contact with residents would be notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

BTC Policy 13.6 entitled Training, page 2, section V(E) addresses 115.232(b).

The auditor notes that the BTC PREA Compliance Acknowledgment form provides all requisite 115.232(b) information and the same is signed and dated by all visitors, volunteers, and contractors upon each entry into the facility. The same signifies their understanding of the content of the document.

The Acknowledgment addresses definitions of sexual abuse, sexual harassment, voyeurism, and mandatory investigation of anyone who has allegedly committed

	<p>such an act, inclusive of prosecution in those instances wherein the evidence threshold is met for a criminal act. Additionally, the same includes a certification of understanding of the requirements of PREA as scripted in the document, verbiage regarding zero tolerance towards any form of sexual abuse and sexual harassment, and verbiage regarding immediate reporting of any knowledge of sexual abuse or sexual harassment. This document serves as a constant PREA reminder to affected individuals entering the confines of BTC.</p> <p>In view of the above, the auditor has determined that the BTC program exceeds Standard 115.232 based on this practice. An important segment of PREA familiarity is ingrained in potential entrants each and every time they visit the facility.</p> <p>Pursuant to the PAQ, the PA self reports the agency maintains documentation confirming that volunteers/contractors understand the training they have received.</p> <p>BTC Policy 13.6 entitled Training, page 2, section V(F) addresses 115.232(b).</p> <p>Relevant 115.232(c) documentation is addressed in the narratives for 115.232(a) and (b).</p> <p>In view of the above, the auditor finds BTC substantially compliant with 115.232.</p>
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<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the PA self reports that residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The PA further self reports 371 residents admitted to BTC during the last 12 months were given this information at intake and this equates to 100%.</p> <p>BTC Policy 13-3 entitled Intake/Screening, page 1, section II(A)(1)(a)(i-iv) addresses 115.233(a).</p> <p>The intake staff interviewee reports she provides residents with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse/harassment. In regard to resident education regarding their rights to be free from</p>

sexual abuse/harassment, to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents, the intake staff interviewee reports the same is provided at Orientation, along with the PREA video. The same is generally provided within one week of arrival.

The intake interviewee states she provides the BTC PREA Handbook, a PREA pamphlet, and an Acknowledgment to each resident at intake. The resident signs for receipt of the aforementioned PREA Handbook and he/she also signs the ND DOCR Acknowledgment.

Pursuant to the auditor's review of the BTC PREA Handbook, it is clear that residents receive requisite 115.233(a) information in the same. An additional PREA training is provided during the aforementioned case manager orientation, generally provided within seven days of arrival at the facility and the PREA video is generally shown at that time. Clearly, residents are provided relevant 115.233(a) information pursuant to standard provision. The intake staff interviewee confirmed the auditor's observations as reflected above.

Ten of 11 random resident interviewees report they received either/and a PREA Handbook, PREA Advisement, PREA pamphlet, and/or the PREA video during intake or Orientation. One interviewee states that he did not receive the BTC PREA Handbook and PREA pamphlet although the auditor's review of his file documentation clearly reveals he did receive the same on the day of arrival at BTC. Maximally, the PREA video and verbal discussion was completed during Orientation within one week of intake. Topics include the resident's right to not be sexually abused/harassed, how to report sexual abuse/harassment, and the resident's right not to be punished for reporting sexual abuse/harassment.

BTC Policy 13-4 entitled Reporting, page 1, section II(a)(i and ii) refers the reader to the BTC PREA Handbook for information regarding reporting of sexual abuse/harassment incidents. The auditor notes that there is no mention of the Boyd Andrew Community Services (BACS) Hotline as a 115.251(b) reporting resource in the PREA Handbook. Additionally, RAININ is referenced as 115.251(b) reporting source and the same is unacceptable as they do not pass the information to the PA or designee. Accordingly, the auditor finds BTC non-compliant with 115.233(a) and 115.251(b) and imposes a 180-day corrective action period wherein the PM will update the BTC PREA Handbook, adding the BACS PREA Hotline as the external reporting source and removing RAININ from the 115.51(b) options. The corrective action due date is March 22, 2024.

September 20, 2023 Update:

The auditor notes that the BTC PREA Handbook has been updated to include the BACS Hotline as a 115.251(b) reporting source and removing RAININ as such a reporting option. Accordingly, the auditor now finds that BTC is substantially compliant with 115.233(a) and 115.251(b).

The auditor's PAQ review of one random executed 2022 and five January 2023, Receipt of BTC PREA Handbook forms reveals the Handbook was provided at intake. The auditor did compare the dates reflected on these documents against an arrival date roster to determine timeliness and compliance with policy. The BTC PREA Handbook is commensurate with the requirements of 115.233(a), with the exception of the above information that has been addressed pursuant to corrective action.

Additionally, the auditor's review of BTC Resident /Inmate Orientation Training Forms (PREA) (in the same denominations as reflected above) reveals substantial compliance with 115.233(a). Finally, in addition to the above, the auditor's review of Re-entry and Risk Reduction Programming/Men's Service Unit forms dated March 7, 2023, March 14, 2023, May 9, 2023, and May 16, 2023 reveals that 26 residents completed PREA Orientation.

The auditor's on-site review of 13 random resident files reveals residents generally received requisite documents and training at intake and orientation. In three cases, the resident received orientation outside the "one week from intake" target as previously described.

In view of the above, the auditor finds BTC substantially compliant with 115.233(a).

Pursuant to the PAQ, the PA self reports that the facility provides residents who are transferred from a different community confinement facility with refresher information as referenced above. The PA further self reports zero residents were transferred from another community confinement facility to BTC and all residents received from other facilities, inclusive of prisons and jails, received 115.233(a) PREA training.

BTC 13-3, entitled Intake/Screening, page 2, II(a)(1)(d) addresses 115.233(b).

All 11 random resident interviewees report they were transferred from other facilities. The results of the auditor's on-site research and review of random resident files is clearly articulated in the narrative for 115.233(a).

Pursuant to the PAQ, the PA self reports that resident PREA education is available in accessible formats for all residents including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to residents who have limited reading skills.

BTC 13-3, entitled Intake/Screening, page 2, II(a)(1)(b) addresses 115.233(c).

Pursuant to a Memorandum Of Understanding (MOU) with a Special Education Teacher (uploaded into OAS), she provides services to low functioning or mentally impaired BTC residents with respect to the requirements of 115.216(a) and 115.233(c). The auditor's review of the MOU reveals substantial compliance with 115.216(a).

With respect to residents who present with low reading skills, blindness, or low vision, staff read materials to them. With respect to low hearing or deaf residents, they can read PREA materials provided to them. The intake staff interviewee self

reports that he reads the PREA Handbook to low functioning and blind residents.

In addition to the above, the auditor reviewed the contract between BTC and the North Dakota Department of Corrections and Rehabilitation (ND DOCR), determining that BTC staff can refuse acceptance of ND DOCR inmates based on security concerns. This provision is scripted at page 10, section 15(H)(5) of the aforementioned contract.

The auditor's review of the amended BTC PREA Handbook reveals the same is written in a format, seemingly readable and understandable by the vast majority of the resident population. The document is produced in a large font version in an effort to ensure that visually impaired residents can read and retain the same.

The Agency Head asserts the agency has established procedures to provide residents with disabilities and residents who are limited English proficient (LEP) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse/harassment. Pursuant to contract with LanguageLink, compliance regarding LEP residents is accomplished. In terms of MOUs for cognitively impaired or low functioning residents, there is a Corporate agreement with a Special Education Teacher to provide services to this population, when necessary.

The five residents with disabilities (two with physical disabilities, two low functioning, and one speech impaired) interviewees state the facility provides information about sexual abuse/harassment they are able to understand.

The auditor notes posters are positioned at reasonable heights for physically disabled residents to review. Additionally, printed materials appear to be written at a reading level and font appropriate to the resident population.

Pursuant to the PAQ, the PA self reports the agency has established procedures to provide residents with limited English proficiency 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.

The auditor's review of the LanguageLink contract and instructions reveals substantial compliance with 115.216(b). Finally, the auditor's review of the BTC PREA Handbook reveals the same is presented in English. LanguageLink would be accessed, if required, to facilitate understanding of PREA materials for LEP residents.

The auditor did review the BTC PREA Handbook which is produced in large print to assist those with low vision. The auditor notes that LanguageLink is a designated resource for translation and interpretational services (pertaining to LEP residents).

The same addresses 240 plus languages and accordingly, non-English speaking residents have ample opportunity to take advantage of PREA education.

The Agency Head designee asserts that, if needed, a Corporate Special Education Teacher could be called upon to translate/interpret for developmentally delayed/

	<p>cognitively impaired resident(s). She is on-call on a 24/7 basis. A copy of the MOU is uploaded into OAS.</p> <p>Pursuant to the PAQ, the PA self reports that the agency maintains documentation of resident participation in PREA education sessions.</p> <p>BTC 13-3, entitled Intake/Screening, page 2, II(a)(1)(f) addresses 115.233(d).</p> <p>The CCCS PC self reports residents do sign and date the Resident PREA Acknowledgment Form, signifying they have been provided 115.233(a) information. This document is also included in the substantiating evidence noted in the narrative for 115.233(a), above.</p> <p>Pursuant to the PAQ, the PA self reports the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or written formats.</p> <p>BTC 13-3, entitled Intake/Screening, page 2, II(a)(1)(c) addresses 115.233(e).</p> <p>Pursuant to the PAQ review process and on-site visit, the auditor reviewed posters available in the male and female units/areas. The posters provide reporting information and reinforce the zero tolerance policy. Additionally, the auditor thoroughly reviewed the amended BTC PREA Handbook and found the same to be very informative in terms of contact numbers, reporting processes, the grievance process (inclusive of Emergency Grievances), self protection strategies, and PREA definitions, etc.</p> <p>Of note, the auditor requested upload of the memorandum poster regarding the BACS Hotline [115.251(b)] and the same has been uploaded into OAS.</p> <p>In view of the above, the auditor finds BTC substantially compliant with 115.233.</p>
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<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the PA asserts agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>BTC Policy 13.6 entitled Training, pages 2 and 3, section V(H)(1-3) addresses 115.234(a).</p> <p>The auditor's review of one ND DOCR Training Agenda relative to Investigating Sexual Misconduct: Training for Correctional Investigators reveals substantial compliance with 115.234(a).</p> <p>The auditor's review of one ND DOCR PREA Investigator Training certificate and one</p>



Staff Development and Training Record Form dated August 31, 2023 entitled PREA: Investigating Sexual Abuse in a Correctional Setting and accompanying certificate reveals one BTC staff member completed requisite training. One of the trained investigators is the PM. Additionally, the PA has completed the NIC course entitled PREA: Investigating Sexual Abuse in a Confinement Setting.

While the PA is designated as a sexual abuse investigator and he is actively involved in most, if not all, sexual abuse/harassment investigations, the auditor finds that he did facilitate one investigation during the last 12 months. He completed requisite sexual abuse/harassment investigator training on April 5, 2021, completing the National Institute of Corrections (NIC) on-line modules as evidenced by relevant Staff Development and Training Record Forms.

According to the investigative staff interviewee, she did receive specialized training regarding the conduct of sexual abuse investigations in confinement settings. The training was presented by ND DOCR and was comprised of an in-person two to three day training at ND DOCR. Additionally, she completed a three hour on-line PREA Resource Center (PRC) sexual abuse/sexual harassment investigative course. This course was completed in August, 2023. Both trainings included case scenarios and a testing component.

The auditor notes that despite three attempts to secure an interview with a sexual abuse criminal investigator for Bismarck Police Department, he has not been able to complete the requisite interview. On April 31, 2024, the auditor successfully made contact with the a sergeant in the detective division, requesting said interview. The auditor was subsequently assured that a detective would contact the auditor to complete the interview.

As the auditor received no return telephone call, he again called the sergeant on May 3, 2024 and May 7, 2024, leaving messages on both occasions. As of the date of this writing, the auditor has not received any return telephone calls to facilitate the requisite interview.

BTC Policy 13.6 entitled Training, page 3, section V(H)(2) addresses 115.234(b).

The auditor's review of the syllabus for the ND DOCR PREA Investigator Training reveals that the same includes:

- 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 criminal prosecution.

The auditor also reviewed the course syllabus for the NIC course entitled PREA: Investigating Sexual Abuse in a Confinement Setting and the same clearly meets the requirements of 115.234(b).

According to the investigative staff interviewee, the specialized training she received addressed:

	<p>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>Pursuant to the PAQ, the PA self reports the agency maintains documentation showing that investigators have completed the required training. The PA further self reports two sexual abuse investigators are currently certified at BTC. Credentials are addressed in the narrative for 115.234(a).</p> <p>BTC Policy 13.6 entitled Training, page 3, section V(H)(3) addresses 115.234(c).</p> <p>In view of the above, the auditor finds BTC substantially compliant with 115.234.</p>
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<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the PA self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. During the pre-audit review phase of this audit, the PA self reported medical and mental health staff were not employed at BTC.</p> <p>During the on-site visit, the auditor learned that a medical and mental health practitioner had been hired to provide services in conjunction with a specialized female unit authorized by amended contract with ND DOCR. The entry on duty date for both employees is September 5, 2023. Given the uncertainty with respect to the scope of their services, the auditor erred on the side of caution, interviewing each new employee as though they were providing services to the general population as well.</p> <p>Both employees were interviewed on September 26, 2023 and at that point neither employee had completed specialized sexual abuse/harassment training. While records reflect they completed facility PREA training [115.231(a) training commensurate with 115.235(d)] within two days of their entry on duty date, there is no evidence regarding specialty training. Furthermore, both interviewees state they had not completed specialty training. They did report, however, that specialty training topics were completed during educational endeavors and previous</p>

employment. Both interviewees also stated that they examined their first patients on September 25, 2023.

While hiring is recent, both staff must complete requisite specialty training in rapid fashion. Accordingly, the auditor finds BTC non-compliant with 115.235(a) and he imposes a 180-day corrective action period wherein the PM will demonstrate compliance with and institutionalization of 115.235(a). The due date for corrective action completion is March 22, 2024.

To demonstrate compliance with and institutionalization of 115.235(a) requirements, the PM will ensure both staff complete requisite training and she will subsequently upload a copy of the evidence validating their completion of the same. Upon completion of the same, the auditor will make a determination regarding compliance.

March 14, 2024 Update:

The auditor's review of Staff Development and Training Record Forms dated December 6, 2023 and January 11, 2024 reveal that the two staff identified in the preceding corrective action narrative completed PREA Medical and Mental Health specialized training. Accordingly, the auditor finds that prescribed corrective action has been completed with respect to 115.235(a) and (c). Accordingly, the auditor now finds BTC substantially compliant with 115.235(a) and (c).

Of note, the auditor's prior review of the lesson plan and syllabus for the PRC/ National Institute of Corrections (NIC) specialty PREA training for medical/mental health practitioners reveals substantial compliance with 115.235(a). Requisite topics are addressed within the specialty training context.

Pursuant to the PAQ, the PA self reports that agency medical staff at this facility do not conduct forensic medical exams. Medical and mental health interviewees validated the same during their respective interviews. Forensic examinations are completed at St. Alexius Hospital in Bismarck, ND.

In view of the above, the auditor finds that 115.235(b) is not applicable to BTC.

Pursuant to the PAQ, the PA self reports the agency maintains documentation showing that medical and mental health practitioners have completed the required training.

The auditor notes that requisite documentation is addressed in the narrative for 115.235(a). Given the circumstances, the same is not available and accordingly, BTC is non-compliant with 115.235(c). Corrective action with respect to this provision is likewise articulated in the narrative for 115.235(a).

Pursuant to the PAQ, the PA self reports medical and mental health care practitioners shall also receive the training mandated for employees under § 115.231 or for contractors and volunteers under § 115.232, depending upon the

	<p>practitioner's status at the agency.</p> <p>Evidence of compliance with 115.235(d) is addressed in the narrative for 115.235(a). Both employees were interviewed on September 26, 2023 and they indicated they completed initial facility training. Records reflect they completed facility PREA training [115.231(a) training commensurate with 115.235(d)] within two days of their entry on duty date. Accordingly, the auditor finds BTC substantially compliant with 115.235(d).</p> <p>In view of the above and completion of corrective action as articulated in the narrative for 115.235(a), the auditor now finds BTC substantially compliant with 115.235.</p>
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<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the PA self reports the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) to assess risk of sexual abuse victimization or sexual abusiveness toward other residents.</p> <p>BTC Policy 13-3 entitled Intake/Screening, page 4, section II(B) addresses 115.241(a).</p> <p>According to the staff who screens for risk of victimization and abusiveness interviewee, she screens residents upon admission to the facility or transfer from another facility for risk of sexual victimization or sexual abusiveness toward other residents. A PREA Assessment Tool is used and the same is administered at Intake.</p> <p>All 11 random resident interviewees stated that upon arrival at the facility, they were asked questions like whether they had been in jail or prison before, whether they had ever been sexually abused, whether they identify as being gay, lesbian, or bisexual, and whether they think they might be in danger of sexual abuse at the facility. According to these respondents, the questions, along with many others, were asked during the intake process.</p> <p>The auditor's review of two random resident files included in PAQ materials reveals that both affected residents received initial sexual abuse/harassment screening assessments on the date of arrival. The screening tool was completed in writing and the same reflected details associated with the resident as applied to the screening issues. In addition to the above, a timely 30-day reassessment was also</p>

included in the PAQ materials for the same residents and the auditor reviewed the same. Changes to the initial classification were noted in one of the two cases.

The auditor's on-site review of 13 random resident files reveals that all affected residents received initial sexual abuse/harassment screening on the date of arrival.

The auditor finds substantial compliance with both policy and 115.241(a).

Pursuant to the PAQ, the PA self reports the policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of intake. The PA further self reports that during the last 12 months, 351 residents entered the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents, within 72 hours of their entry into the facility. This equates to 100% of requisite screenings.

The policy referenced in the narrative for 115.241(a) is also applicable to 115.241(b). According to this policy, the requisite screening is completed within 24 hours of arrival at BTC.

A re-capitulation of on-site resident file reviews is noted in the narrative for 115.241(a).

According to the staff who performs initial screening for risk of victimization and abusiveness interviewee, residents are generally screened for the same within one to two hours of arrival at the facility.

Pursuant to the PAQ, the PA self reports that such assessments are conducted using an objective screening instrument.

BTC Policy 13-3 entitled Intake/Screening, page 4, section II(B)(1)(a-l) addresses 115.241(c).

As reflected in the policy cited above, the BTC PREA Assessment addresses all of the objective criteria identified in 115.241(d).

The auditor reviewed the objective BTC Initial Assessment/Re-Assessment Prison Rape Elimination Act (PREA) screening tool and found the same to minimally address the following provision requirements:

Whether the resident has a mental, physical, or developmental disability;

The age of the resident;

The physical build of the resident;

Whether the resident has previously been incarcerated;

Whether the resident's criminal history is exclusively nonviolent;

Whether the resident has prior convictions for sex offenses against an adult or child;

Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;

Whether the resident has previously experienced sexual victimization; and

The resident's own perception of vulnerability.

Pursuant to the auditor's further review of the screening tool, he finds that the following questions and issues are also asked and addressed:

History of sexual abuse is broken down into community and institutional sexual abuse;

Have you been the victim of domestic violence?;

Have you ever received any disciplinary action for fighting in jail or a correctional facility?;

Have you ever received any disciplinary action for sexual misbehavior in a jail or correctional facility?;

Are you required to register as a violent or sexual offender?;

Have you ever been a gang member and/or do you consider yourself to be an active gang member?;

Do you have frequent fantasies about unusual sexual practices and have you acted on those fantasies?; and

Have you ever had a restraining order placed against you?

The screening tool is separated into Vulnerability Factors and Aggressive/Predatory Factors, with related questions in each section. Specific responses trigger a weighting system and at the bottom of each section, there is a matrix wherein specific responses to specific questions and cumulative responses to total questions are used to identify the resident being screened as a Known Victim (KV), Potential Victim (PV), or Known Aggressor (KA), Potential Aggressor (PA). Additionally, there is a criteria for those residents who do not activate any of the key indicators specified in either section. These residents are neither victims nor aggressors.

The tool reflects the name of the resident, resident number, date of arrival at the facility and the assessment date. Additionally, there is a box wherein either Initial Assessment or Re-Assessment can be checked.

The auditor's review of the BTC Initial Assessment/Re-Assessment PREA screening tool, as reflected above, confirms the information reflected in this provision.

When questioned as to what the initial risk screening entails, the staff member who performs risk screening for risk of victimization and abusiveness interviewee articulated issues including:

History of sexual abuse;

Existence of jail fights;

Perpetrator of violent crimes;

History of sexual misconduct in a confinement setting;

Sex offender;

Victim of domestic violence; and

History of incarceration.

When questioned as to the process for conducting the initial screening, the initial screening interviewee related the assessment is facilitated in a private room near the resident advisor (RA) Office behind a solid closed door, utilizing the PREA Assessment Tool. There is a window in the room and only the RA and the resident are present during the screening. The screener reads the disclosure and questions to the resident, thoroughly documenting responses. Of note, the interviewee reviews a pre-admission packet prior to facilitation of the screening, using the same to clarify any disputes in terms of responses.

The reassessment process is conducted in identical fashion with the exception that the screening occurs in the case manager's office. Both screenings are conducted in a one-on-one setting.

Pursuant to the PAQ, the PA self reports the intake screening tool considers, at a minimum, the issues addressed in the narrative for 115.241(d).

BTC Policy 13-3 entitled Intake/Screening, page 4, section II(B)(2) addresses 115.241(e).

The auditor's review of the screening tool reveals substantial compliance with 115.241(e) as the relevant issues are clearly depicted in the same.

Pursuant to the PAQ, the PA self reports the policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The PA further self reports that during the last 12 months, 309 residents entering the facility (either through intake or transfer) were reassessed for their risk of sexual victimization or being sexually abusive, within 30 days after their arrival at the facility based upon any additional relevant information received since intake. The PM asserts that while 351 residents were initially screened, 42 residents were either released from BTC prior to expiration of the 30-day threshold, escaped from the facility, or were removed from BTC.

BTC Policy 13-3 entitled Intake/Screening, page 5, section II(B)(3) addresses 115.241(f).

The staff who performs screening for risk of victimization and abusiveness interviewee reports PREA reassessments are completed within 30 days of arrival at BTC. The same are completed by the case manager.

Four of 11 random resident interviewees report they were reassessed within 30-days of arrival at BTC. Two residents were not yet due for reassessment based upon the date of arrival at BTC in comparison to the interview date. The auditor's review of two applicable reassessments for residents who stated they had not been reassessed (only for those residents confined at BTC for 30-days from intake) reveals the reassessments were both timely and comprehensive.

In view of the above, the auditor finds BTC substantially compliant with 115.241(f).

Pursuant to the PAQ, the PA self reports that policy requires a resident's risk level 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. This policy stipulates a resident's risk level shall be reassessed by case managers 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.

BTC Policy 13-3 entitled Intake/Screening, page 5, section II(B)(4) addresses 115.241(g).

The staff who performs screening for risk of victimization and abusiveness interviewee reports case managers reassess resident's risk levels as needed 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.

Of note, with respect to the September, 2023 staff sexual misconduct investigation that was substantiated, the PM asserts the victim was not reassessed and as such, the auditor finds BTC non-compliant with 115.241(g). This investigation was the only case that was substantiated during the last 12 months. The standard provision clearly reflects that a reassessment must be facilitated whenever a resident is sexually abused. Accordingly, the auditor imposes a 180-day corrective action period wherein the PM will demonstrate compliance with and institutionalization of 115.241(g). The due date for corrective action completion is March 22, 2024.

To demonstrate compliance with and institutionalization of 115.241(g), the PM will provide training to stakeholders (e.g. case managers) who facilitate reassessments. The training will include a review of the aforementioned policy, minimally. The PM will upload a copy of the training plan or syllabus into OAS, as well as, evidence validating that stakeholders completed the requisite training.

In addition to the above, the PM will upload copy of all sexual abuse investigations [and the requisite reassessment(s), if warranted pursuant to 115.241(g)] facilitated between the the dates of this interim report and March 22, 2024. The auditor will subsequently review each sexual abuse investigation and the accompanying reassessment for compliance.

April 15, 2024 Update:

The auditor's review of the 115.241(g) corrective action training plan regarding victimization/aggressor re-screening reveals substantial compliance with the nuances of 115.241(g). Seven case managers attended and completed this training as evidenced by their printed name, signature, and date on individual Staff Development and Training Forms bearing the name of the training and trainer. Accordingly, the auditor is satisfied that the training component of the corrective action is complete.



The auditor notes that zero sexual abuse allegations were lodged and subsequent investigations were completed since the date of the on-site visit. Accordingly, validation of actual practice cannot be accomplished. Based on the training provided to stakeholders however, the auditor is sufficiently confident that the requirement is institutionalized at BTC. Accordingly, the auditor now finds BTC substantially compliant with 115.241(g).

Pursuant to the PAQ, the PA self reports policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) questions regarding:

Whether or not the resident has a mental, physical, or developmental disability;  
Whether or not the resident is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;  
Whether or not the resident has previously experienced sexual victimization; and  
The resident's own perception of vulnerability.

BTC Policy 13-3 entitled Intake/Screening, page 5, section II(B)(6) addresses 115.241(h).

The above is generally addressed in the BTC PREA Assessment Disclaimer which is completed by the resident and a staff member prior to implementation of the screening tool during initial assessment and/or reassessment. This Disclaimer Form must be signed by the resident every time a reassessment is conducted. The auditor's review of the aforementioned assessments and reassessments reveals substantial compliance with 115.241(h).

When questioned as to whether residents are disciplined in any way for refusing to respond to (or for not disclosing complete information related to):

Whether the resident has a mental, physical, or development disability;  
Whether the resident is or is perceived to be LGBTI;  
Whether the resident has previously experienced sexual victimization; or  
The resident's own perception of vulnerability.

the staff who perform screening for risk of victimization and abusiveness interviewee responded in the negative. The interviewee stated that the Disclaimer tells them they will not be disciplined.

BTC Policy 13.3 entitled Intake/Screening, page 5, section II(B)(7) addresses 115.241(i).

According to the PM, the agency has outlined who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation. According to the PM, access is limited to the screener, PA, PM, case managers, and case manager supervisor.

According to the staff who performs screening for risk of victimization and abusiveness, distribution of screening information to the PA and PM is appropriate. The PM signs and then files the screening tools in her office.

	<p>The information is stored in double locked fashion (in a safe and then the door to the PM's office is secured). The auditor witnessed the same during the facility tour and subsequent interaction with the PM. The auditor validated the same during the facility tour.</p> <p>In view of the corrective action completion regarding 115.241(g) and the evidence cited above for the remaining 115.241 provisions, the auditor now finds BTC substantially compliant with 115.241.</p>
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115.242	Use of screening information
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the PA self reports the facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>BTC Policy 13-3 entitled Intake Screening, pages 5 and 6, section II(B)(9)(b) addresses 115.242(a).</p> <p>At BTC, a system of housing is used to ensure that KVs/PVs and KAs/PAs are not housed in the same room. During the on-site review, the auditor randomly reviewed documents and observed no deviations from the stated practice.</p> <p>The auditor's review of a BTC Room Assignments roster dated September 20, 2023 reveals substantial compliance with 115.242(a). The BTC Room Assignments roster reflects the rooms wherein KVs PVs, KAs, and PAs are housed. The auditor found no discrepancies regarding any of the housing assignments wherein victims and abusers are housed. Of note, residents who score as Unrestricted can be housed with either classification.</p> <p>According to the BTC PM, housing assignments are the primary use for information gleaned during risk screening. Specifically, KAs/PAs are not housed in the same room with KVs/PVs. They are generally separated by both room and building. Those residents classified as "unrestricted" can be housed with either of the other designations. With respect to programming, there is generally no separation as staff supervise the same. There is likewise no separation for community work assignments however, periodic staff checks are employed.</p> <p>The staff who performs risk screening for victimization and abusiveness interviewee reports housing assignments are based on the information gleaned from the risk</p>

assessment conducted during intake as reflected in the PM's narrative as articulated in the preceding paragraph. The shift supervisor makes room assignments and victims are geographically separated by room and building. The interviewee corroborates the PM's statement.

Residents work in the community and accordingly, some staff follow-up occurs. Programming is supervised and monitored by staff.

Pursuant to the PAQ, the PA self reports the facility makes individualized determinations about how to ensure the safety of each resident.

BTC Policy 13-3 entitled Intake/Screening, page 6, section II(B)(9)(c) addresses 115.242(b).

As reflected throughout the narratives for 115.241 and 115.242, the sexual victimization/aggressor screening tool encompasses staff observations, as well as, known information regarding residents who are screened. Placement of residents within the facility falls under staff purview based upon the screening tool and good correctional practice.

Pursuant to the PAQ, the PA self reports the facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

BTC Policy 13-3 entitled Intake/Screening, page 6, section II(B)(9)(d) addresses 115.242(c).

According to the BTC PM, transgender/intersex residents may be housed in single rooms, dependent upon the circumstances however, such residents are not housed in a specific wing or room. Additionally, dependent upon circumstances and characteristics identified during screening, housing assignments in buildings may be a consideration.

Staff do consider whether the placement will ensure the resident's health and safety, as well as, whether the placement will present management or security problems.

The auditor notes that zero transgender/intersex residents were housed at the facility during the on-site visit. The PM confirmed the same and pursuant to staff interviews, the same was validated. Accordingly, such interviews could not be conducted.

BTC Policy 13-3 entitled Intake/Screening, page 5, section II(B)(9)(f) addresses 115.242(d).

The BTC PM asserts a transgender/intersex resident's own views with respect to his/her own safety are given serious consideration.

According to the staff who performs screening for risk of victimization and abusiveness interviewee, a transgender/intersex resident's views of his or her own

	<p>safety are given serious consideration in placement and programming assignments. The safety perception is addressed in the screening tool.</p> <p>BTC Policy 14-2 entitled LGBTI Gender Identity and Gender Expression, Housing, Programs, and Searches, page 4, section IV(B)(4) addresses 115.242(e).</p> <p>According to the BTC PM, transgender/intersex resident(s) are given the opportunity to shower separately from other residents. Specifically, they can request separate showering and the same is documented. The PA and/or PM are the approving authorities. Such showers are provided in the 1st Floor Administration bathroom.</p> <p>The staff who performs screening for risk of victimization and abusiveness interviewee confirms the BTC PM's statement.</p> <p>BTC Policy 13-3 entitled Intake/Screening, page 7, section II(B)(9)(j) addresses 115.242(f).</p> <p>According to the BTC PM, the facility is not subject to a consent decree, legal judgment requiring that it establish a dedicated facility, unit, or wing for LGBTI residents. There are no dedicated wings.</p> <p>To ensure LGBTI residents are not housed in specific designated areas, the PA, and in his absence, the PM, review the PREA Room Assignment Sheets on a daily basis. This document is provided to all staff to ensure knowledge regarding the resident's status and the room in which each new arrival is placed. The PA and PM cross-check to ensure both the count sheets and PREA Room Assignment Sheets coincide. Finally, the information is documented in the Alerts tab within the electronic system.</p> <p>In view of the above, the auditor finds BTC substantially compliant with 115.242.</p>
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<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Pursuant to the PAQ, the PA self reports the agency has established procedures allowing for multiple internal ways for residents to report privately to agency

officials about:

Sexual abuse or 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.

BTC Policy 13-4 entitled Reporting Sexual Abuse and Sexual Harassment, page 1, section II(a)(ii) addresses 115.251(a). Reporting options are addressed in this policy provision and the same refers the reader to the BTC PREA Handbook for information about how to report sexual abuse and sexual harassment of a resident or staff who reported sexual abuse/harassment of a resident.

The auditor notes that there is no mention of the Boyd Andrew Community Services (BACS) Hotline as a 115.251(b) reporting resource in the PREA Handbook.

Accordingly, the auditor finds BTC non-compliant with 115.233(a) and 115.251(b) and imposes a 180-day corrective action period wherein the PM will update the BTC PREA Handbook, adding the BACS PREA Handbook as the external reporting source in accordance with 115.251(b). The corrective action due date is March 22, 2024.

September 20, 2023 Update:

The auditor notes that the BTC PREA Handbook has now been updated to include the BACS Hotline as a 115.251(b) reporting source and the same is uploaded in OAS. Accordingly, the auditor finds that BTC is now substantially compliant with 115.233(a) and 115.251(b) in this regard.

All 12 random staff interviewees identified at least two methods which residents can use to report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment. Reporting methods mentioned were as follows:

Verbal report to any staff member;  
Submit an Emergency Grievance;  
Third-party report;  
Submit a kite; and  
Telephone call to the PREA Hotline;

All 11 random resident interviewees were able to identify at least two methods of reporting the aforementioned sexual abuse and sexual harassment allegations.

Methods of reporting included:

Verbal reports to staff;  
Contact the Hotline;  
Third-Party report; and  
Submission of an Emergency Grievance.

Pursuant to the PAQ, the PA self reports the agency provides 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.

During the pre-audit phase, the auditor identified a policy flaw in that Policy 13-4 reflected RAININ as a reporting source. As RAININ cannot provide assurance of rapid turnaround regarding a report of sexual abuse/harassment, they are not an acceptable 115.251(b) reporting source. Accordingly, the auditor advised the PA of the same and admonished that the policy required amendment. Additionally, the auditor advised that the telephone number and address for BACS must be added to the BTC PREA Handbook as the same was mentioned as an informational source in Policy 13-4.

While the auditor initially found BTC non-compliant with 115.251(b), relevant policy, the BTC PREA tri-fold pamphlet, a memorandum poster, and BTC PREA Handbook citations (inclusive of specific instructions in this regard) have been amended to reflect accurate information regarding 115.251(b) reporting. This amended evidence has been uploaded into OAS for further review. Of note, the BACS telephone number and address for reporting sexual abuse/harassment to an entity not affiliated with BTC or CCCS is now articulated on page 4, section entitled Third Party Reporting. The auditor now finds BTC substantially compliant with 115.251(b).

As previously mentioned, a copy of the aforementioned amended policy has been uploaded into OAS. RAININ has been removed from the policy as a valid 115.251(b) reporting source.

The auditor's review of a signed MOU between CCCS and BACS reveals substantial compliance with 115.251(b).

According to the BTC PM, residents can contact the BACS Hotline to report sexual abuse or harassment to a public or private entity or office that is not part of the agency. These procedures enable receipt and immediate transmission of resident reports of sexual abuse and sexual harassment to agency officials that allow the resident to remain anonymous upon request.

All 11 random resident interviewees state that a report can be made without providing their name.

On September 27, 2023, the auditor tested the BACS Hotline. The auditor did make contact with the BACS PC, advising of the test. The auditor did complete the call using the telephone number noted on the BACS poster and using the resident telephone in the Front Building Women's Unit.

Pursuant to the PAQ, the PA self reports the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports and the same is effected immediately.

CCCS Policy 1.3.5.12 entitled Prison Rape Elimination Act, page 14, section 115.251(c) addresses 115.251(c).

Ten of 12 random staff interviewees report that residents can make verbal reports and they would immediately document the same subsequent to receipt. One interviewee states that reports of sexual abuse/harassment cannot be made through third-parties. Another interviewee states that the written report is completed within 24 hours of occurrence however, most of the time, the written report would be completed immediately.

All 11 random resident interviewees assert they can make verbal reports of sexual abuse or sexual harassment either in person or in writing. Additionally, 10 of 11 interviewees assert someone else may make the report for them so they do not have to be named.

The PA asserts that one verbal report was received within the last 12 months.

Pursuant to the PAQ, the PA self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. The PA further self reports staff can privately report by phone, orally, mail or email to the PREA Coordinator or PM/PA by using any of those methods. They can also use a third party to report for them.

Policy provisions are cited in the narrative for 115.251(a). The actual direction is also cited in the same.

All 12 random staff interviewees were aware of multiple methods for reporting sexual abuse and sexual harassment of residents. Some of the methods cited were as follows;

Verbal report to supervisor/PA/BTC PM, COS behind closed doors;

Telephone call to same individuals during regular work hours, telephone call to cell phones during non-regular business hours (cell phone numbers are listed in the RA Office);

Send e-mail to the aforementioned staff;

Send written memorandum to the aforementioned staff; and

Contact the BACS Hotline.

The auditor did observe a document maintained in the RA Office wherein company cell phone numbers are listed.

On November 22, 2023, the auditor contacted the CCCS PC to facilitate a test of the staff and third party reporting procedure. The test was successful as the auditor did make verbal contact with the CCCS PC. As previously mentioned, staff telephones were operational during the on-site visit and tests. This test was conducted from the auditor's cell phone.

In view of the above, the auditor finds BTC substantially compliant with 115.251.

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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the PA self reports the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p>BTC Policy 13-4 entitled Reporting Sexual Abuse and Sexual Harassment, pages 3 and 4, section II(a)(xiii)(1-6) addresses 115.252(a).</p> <p>Pursuant to the PAQ, the PA self reports agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The PA further self reports agency policy does require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff an alleged incident of sexual abuse however, the auditor has learned that the same was inadvertently noted in error. Specifically, policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p>BTC Policy 13-4 entitled Reporting Sexual Abuse and Sexual Harassment, page 3, section II(a)(xiii)(3) addresses 115.252(b).</p> <p>The auditor's review of the BTC PREA Handbook reveals this information is clearly articulated on page 5, section entitled Grievance Procedure (3).</p> <p>Pursuant to the PAQ, the PA self reports agency policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The PA further self reports agency policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.</p> <p>BTC Policy 13-4 entitled Reporting Sexual Abuse and Sexual Harassment, page 4, section II(a)(xiii)(5)(e) addresses 115.252(c).</p> <p>Page 5 of the BTC PREA Handbook, section entitled Grievance Procedure (b)(1) and (b)(2) also addresses this provision.</p> <p>Pursuant to the PAQ, the PA self reports agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedy relative to allegations of sexual abuse and to file such requests on behalf of</p>



residents. The PA further self reports agency policy and procedure requires that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline.

BTC Policy 13-4 entitled Reporting Sexual Abuse and Sexual Harassment, page 7, section II(d)(ii and iii) (included in the PAQ materials) does not reflect the resident's family members can assist them in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. This policy stipulates third parties, including fellow residents, staff members, residents, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies, such as filing grievances relating to allegations of sexual abuse and sexual harassment, and will also be permitted to file such requests on behalf of residents. Clearly, the policy does not provide for a resident's family members to assist residents in filing requests for administrative remedies, such as filing grievances relating to allegations of sexual abuse and sexual harassment, and filing such requests on behalf of residents.

If a third party files a grievance on behalf of the resident, the facility may require, as a condition of processing the request, that the alleged victim agrees 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.

Should the alleged victim decline to have the request filed on his or her behalf, the center shall document the resident's decision.

In view of the above, the auditor finds BTC non-compliant with 115.252(e) and imposes a 180-day corrective action period wherein the PM will amend the requisite policy to reflect provision requirements. The due date for corrective action completion is March 22, 2024.

November 21, 2023 Update:

The amended policy provision has been uploaded and the auditor finds the same to now be compliant with 115.252(e). The terms "family member(s)" has been inserted into the policy.

Pursuant to the PAQ, the PA self reports the agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The PA further self reports agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The PA further asserts that zero emergency grievances alleging that a resident is subject to a substantial risk of imminent sexual abuse were filed during the last 12 months.

The PA further asserts agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days of submission. As reflected above, zero emergency grievances were filed during the last 12 months.

	<p>BTC Policy 13-4 entitled Reporting Sexual Abuse and Sexual Harassment, page 3, section II(a)(xiii)(5)(a and b) addresses 115.252(f).</p> <p>The auditor's review of the BTC PREA Handbook reveals this information is clearly articulated on page 6, section entitled Emergency Grievance.</p> <p>Pursuant to the PAQ, the PA self reports the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. The PA further self reports in the last 12 months, zero resident grievances alleging sexual abuse resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith.</p> <p>BTC Policy 13-4 entitled Reporting Sexual Assault and Sexual Harassment, page 3, section II(a)(xiii)(5)(c) addresses 115.252(g).</p> <p>In view of the above, the auditor finds BTC substantially compliant with 115.252.</p>
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<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the PA self reports the facility provides 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) for local, state, or national victim advocacy or rape crisis organizations. The PA further self reports the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.</p> <p>BTC Policy 13-5 entitled Medical and Mental Health, page 2, section II(B)(1) addresses 115.253(a). Pursuant to this policy, RAININ is identified as the emotional support resource for BTC. However, according to an MOU between BTC and the Abused Adult Resource Center (AARC), they provide emotional support services (VA services) to BTC residents. Accordingly, the aforementioned policy is inaccurate, requiring amendment providing accurate information.</p> <p>Pursuant to contact between the auditor and the PM, the above information was provided and an amended policy, reflecting AARC as the emotional support services</p>

provider, has been uploaded into OAS. The auditor has determined that the amended policy is now acceptable. Additionally, the auditor's review of an MOU with AARC reveals substantial compliance with 115.253(a).

The auditor's review of a brochure entitled PREA: BTC Resident Brochure reveals that the telephone number for AARC is listed however, the address is not identified in accordance with 115.253(a) requirements. The auditor's review of the amended BTC PREA Handbook also reveals no evidence of AARC telephone number or address. Of note, provision of this information in the aforementioned handbook would require that the same be listed under Emotional Support Services (victim advocacy).

In view of the above, the auditor finds BTC non-compliant with 115.253(a) and imposes a 180-day corrective action period wherein the PM will amend posters, the BTC PREA Handbook (if applicable), and the aforementioned brochure to reflect the AARC telephone number and address. The corrective action due date is March 22, 2024.

In addition to the above, the PM will ensure that an informative memorandum is posted within each housing unit, articulating the above addition(s). A copy of the memorandum will be uploaded into OAS for the auditor's review. Additionally, town hall meetings will be completed in each housing unit to apprise all residents of the above addition(s) and a copy of the town hall meeting minutes will be uploaded into OAS.

March 14, 2024 Update:

The auditor's review of photographs of a memorandum poster (posted on four bulletin boards) reveals substantial compliance with the telephone number component of 115.253(a). The amended AARC telephone number is noted on the memorandum poster.

March 16, 2024 Update:

The auditor's review of another amended BTC PREA Handbook, the enlarged print BTC PREA Handbook, and the aforementioned PREA brochure now reveals that both the telephone number and address for AARC are reflected in the three informational documents. As residents are provided these documents at intake, requisite information is now clearly available to them regarding this external emotional support resource. The three documents have been uploaded into OAS.

According to the PM, a copy of the amended BTC PREA Handbook has been provided to each BTC resident. Additionally, photocopies of a memorandum notice posted on bulletin boards in the units alerts residents to the BTC PREA Handbook amendments.

The auditor's review of the uploaded March 28, 2024 town hall meeting minutes reveals that a copy of the aforementioned amended BTC PREA Handbook was provided to each resident in the Women's and Men's Units. A discussion of the address and telephone numbers for both Community Counseling and Correctional Services outside reporting entity and AARC (victim advocacy and victim support service) was addressed during each town hall meeting.

The auditor now finds that BTC has completed all 115.253 corrective action as articulated in this report. Accordingly, the auditor finds BTC substantially compliant with 115.253(a).

All 11 random resident interviewees report they are aware services are available outside of the facility for dealing with sexual abuse, if needed. Nine of 11 reported they are aware of the kind of services, citing West Central Human Services, counseling, Trauma Treatment Center, Domestic Violence Center, and treatment. The remaining interviewees assert they are not aware of the available services.

Additionally, seven interviewees assert they are aware that addresses and telephone numbers for the services are available in the BTC PREA Handbook, posted on bulletin boards, and noted on posters. All 11 interviewees stated the numbers are toll-free. Ten interviewees state contact can be made with these services anytime.

The resident, about whom staff sexual misconduct was reported, states such outside services are available, if needed by sexual abuse victims, and relevant information is available pursuant to review of posters and the PREA pamphlet. He did not access any such services following his experience. Contact can be made anytime and the telephone call is free of charge.

The interviewee further states he can communicate with staff from the services in a confidential manner however, his conversation could be shared with or listened to by someone else if he divulges information requiring law enforcement intervention or if he reports self injurious behavior.

As reflected above, most random resident interviewees are aware requisite information can be gleaned from posters, the BTC PREA Handbook, and bulletin boards.

During the facility tour on September 27, 2023, the auditor did test the AARC telephone number as noted on a memorandum poster. The test call could not be completed at the prescribed telephone number and accordingly, the test was determined to be a failure. Specifically, the PM states that the telephone number identified on the poster was not in synch with the telephone number in service provider records. Of note, the telephone test call was attempted from a resident telephone located on the 2nd Floor Women's Unit, Front Building. The auditor notes that the telephone was operational.

May 6, 2024 Update:

The auditor did test the AARC Crisis Line as captured in the BTC PREA Handbook and other materials described above and found the telephone number to be accurate and functional. He did converse with the VA who answered the telephone call. Accordingly, all corrective 115.253 corrective action has been found to be complete.

The auditor notes that he also conversed with the Director of AARC and she advised that contact with residents pursuant to the Crisis Line is sporadic at best. In terms of training, all VAs complete a 40-hour on-line training module and also may attend various state coalition conference regarding sexual abuse/assault. Vendors provide such training.

The PM is in the process of amending the poster and the BTC PREA Handbook to reflect the proper telephone number.

Pursuant to the PAQ, the PA self reports the facility informs residents, prior to giving them access to outside support services, of the extent to which communications will be monitored. The PA further self reports the facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

BTC Policy 13-5 entitled Medical and Mental Health, page 2, section II(B)(2) addresses 115.253(b). Pages 7 and 8 of the BTC PREA Handbook, section entitled Counseling Programs for Victims of Sexual Assault also address 115.253(b).

While nine of 11 random resident interviewees believe that what is said to staff from outside support services in response to a sexual abuse incident remains private, four also state information may be shared with or listened to by other parties based on mandatory reporting for law enforcement use (criminal activity) or child abuse.

The resident, about whom staff sexual misconduct was reported, states that self-injurious behavior is also a basis for victim advocate sharing of information.

In view of the above, the auditor finds BTC substantially compliant with 115.253(b).

Pursuant to the PAQ, the PA self reports the facility does maintain memoranda of understanding (MOUs) with community service providers that are able to provide residents with emotional support services related to sexual abuse. The 2023 MOU between BTC and AARC is referenced in the narrative for 115.253(a).

In view of the completed 115.253(a) corrective action and the narratives noted above, the auditor now finds BTC substantially compliant with 115.253.

	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Pursuant to the PAQ, the PA self reports the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The CCCS third party reporting form is located on all floors and in the facility front lobby. The auditor did validate the same during the facility tour. The www.cccscorp.com website is clearly available to all.</p> <p>All reports go directly to the PC who, in turn, distributes the same to each facility. All telephone calls will be taken by the PA or PM at the facility. If the PM is contacted, she will immediately contact the PA. Emails are another source of receiving third party reports and they will be brought to the PA immediately. The PA further self reports the facility publicly distributes information on how to report residential sexual abuse or sexual harassment on behalf of residents.</p> <p>BTC Policy 13-4 entitled Reporting Sexual Abuse and Sexual Harassment, page 7, section II(d)(i) addresses 115.254(a).</p> <p>The auditor's review of the BTC Third Party Reporting Form reveals the same provides specific directions for making a report in terms of the information to be reported. There is also a provision on the form wherein the third party reporter can enter their telephone number. The CCCS PC's address, e-mail address, and telephonic contact number are also reflected on the form.</p> <p>The PA self reports zero third-party reports have been received during the audit period.</p> <p>On November 22, 2023, the auditor tested the third party reporting system by contacting the CCCS PC as noted on the BTC Third Party Reporting Form. The auditor did make contact with the CCCS PC and accordingly, the test was determined to be effective.</p> <p>In view of the above, the auditor finds BTC substantially compliant with 115.254.</p>

<p><b>115.261</b></p>	<p><b>Staff and agency reporting duties</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Pursuant to the PAQ, the PA self reports the agency requires all staff to report immediately and according to agency policy:</p> <p>Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;</p>

Any 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.

BTC Policy 13-4 entitled Reporting Sexual Abuse and Sexual Harassment, page 5, section II(c)(i) addresses 115.261(a).

All 12 random staff interviewees state the agency does require all staff to report:

Any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in any facility;

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.

All 12 random staff interviewees state that immediate reporting, minimally to their supervisor, is required pursuant to policy. Random staff interviewees also state reports can be forwarded to the PA, PM, or BTC.

Pursuant to the PAQ, the PA self reports that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

BTC Policy 13-4 entitled Reporting Sexual Abuse and Sexual Harassment, pages 5 and 6, section II(c)(ii and iii) addresses 115.261(b).

Staff to whom reports of sexual abuse/harassment are reported are articulated in the narrative for 115.261(a).

BTC Policy 13-4 entitled Reporting Sexual Assault and Sexual Harassment, page 6, section II(c)(v) addresses 115.261(c).

Both the medical and mental health interviewees state that at the initiation of services to a resident, they disclose the limitations of confidentiality and their duty to report. The medical interviewee states residents execute an Informed Consent document upon arrival at BTC. Additionally, the interviewee provides a verbal recitation of informed consent and documents same in the notes prior to each encounter as described above. The mental health interviewee states she provides an Informed Consent form to all residents prior to provision of services and the same is applicable to all services rendered throughout the resident's confinement.

The medical interviewee states she must report any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment to the PA, PM, PREA investigator, or on-call administrator. The mental health interviewee states that she must report the same information to the TC, PA, or PM. She would also report the information to the on-call administrator.

Finally, both interviewees state they have not become aware of any such incidents during their brief tenure at BTC.

	<p>BTC Policy 13-4 entitled Reporting Sexual Abuse and Sexual Harassment, page 6, section II(c)(iv) addresses 115.261(d).</p> <p>According to the PA and BTC PM, residents under the age of 18 are not accepted at BTC. In terms of vulnerable adults, CCCS policy allows the PA to make a determination regarding acceptance of residents. If the potential resident cannot work, comprehend groups/regulations/perform basic functions, acceptance could be denied. A vulnerable adult population is non-existent or minimal, at best, at BTC. If reporting requirements were invoked, the incident would be reported and future action would be coordinated with ND DOCR.</p> <p>It is noted that the contract between BTC and ND DOCR also allows for acceptance or denial of residents.</p> <p>BTC Policy 13-4 entitled Reporting Sexual Assault and Sexual Harassment, page 2, section II(a)(vi) addresses 115.261(e).</p> <p>According to the PA, all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to him and he alerts facility investigators regarding the investigative assignment.</p> <p>In view of the above, the auditor finds BTC substantially compliant with 115.261.</p>
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<b>115.262</b>	<b>Agency protection duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the PA self reports when the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e. it takes some action to assess and implement appropriate protective measures without unreasonable delay). The PA further self reports that during the last 12 months, zero incidents have been reported wherein the agency determined a resident was subject to substantial risk of imminent sexual abuse. The PA asserts action is taken immediately to address imminent sexual abuse.</p> <p>BTC Policy 13-4 entitled Reporting Sexual Abuse and Sexual Harassment, page 2, section II(a)(vii) addresses 115.262(a).</p> <p>According to the Agency Head designee, when staff learn that a resident is subject to a substantial risk of imminent sexual abuse, the potential victim may ultimately be removed from the facility, dependent upon the circumstances. The PA would also be contacted with a recommendation that the potential victim be moved to</p>



	<p>another room or unit.</p> <p>When it is learned that a resident is subject to a substantial risk of imminent sexual abuse, the PA asserts that staff would communicate with the potential victim and remove him/her from the danger zone. Additionally, safety rounds may be increased as a remedial measure if, for some reason, the potential victim was placed in another area of the facility. Additionally, the potential victim may be moved to another facility dependent upon the circumstances and with the approval of the on-call contract monitor.</p> <p>Eleven of 12 random staff interviewees assert that action would be implemented immediately. Response includes removal of the potential victim from the situation by placing them in another area of the facility with staff supervision until details are sorted.</p> <p>In view of the above, the auditor finds BTC substantially compliant with 115.262.</p>
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<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the PA self reports the agency has a policy requiring that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The PA further self reports that during the last 12 months, three allegations were received indicating that a resident was sexually abused while confined at another facility.</p> <p>BTC Policy 13-4 entitled Reporting Sexual Abuse and Sexual Harassment, pages 6 and 7, section II(c)(x) addresses 115.263(a).</p> <p>The auditor's review of the three letters, authored by the BTC PM to Wardens at other facilities reporting 115.263(a) sexual abuse allegations, reveals non-compliance with 115.263(a). Specifically, the standard provision requires notification from the facility head at the receiving facility to the facility head at the facility wherein the alleged incident occurred.</p> <p>The auditor's further review of all three allegations reveals the same were articulated by residents during 2023 and one of the three allegations appears to be more reflective of sexual harassment. Additionally, one of the three notification letters was dated four days from the date of the resident's notification to BTC staff while the remaining two notifications were dated three days following resident notification. The aforementioned letters were authored under the PM's name, title, and signature despite the provision requirement that the same be authored under</p>

the PA's signature.

The auditor notes that the aforementioned policy citation requires written notification within 24 hours of becoming aware of the allegation and additionally, there is no evidence delegating authority to the PM to make such written notifications. Accordingly, the auditor finds BTC non-compliant with BTC policy, as well as, PREA provisions with respect to 115.263(a) and (b).

In view of the above, the auditor is imposing a 180-day corrective action period wherein the PM will ensure compliance with the requirements of 115.263(a) and (b) and institutionalization of the same. The corrective action period will conclude on or before March 22, 2024.

To demonstrate compliance with and institutionalization of 115.263(a) and (b) requirements, the PCM will ensure that all future such written notifications are signed and dated by the PA within 24 hours of notification by the resident. Between the date of the interim PREA report and March 22, 2024, the PCM will upload any 115.263 allegations and notification letters generated under the PA's signature. The auditor will subsequently review the same and make a determination regarding compliance and institutionalization.

March 14, 2024 Update:

The auditor's review of a resident's initial victimization/aggressor assessment dated January 18, 2024 reveals that she reported potential sexual abuse incident(s) that occurred at a state facility during October, 2023. The auditor also reviewed a letter dated January 19, 2024 from the BTC PA to the Warden at the facility where the incident allegedly occurred. Within the letter, the BTC PA articulated the above facts. According to the PM, this incident represents the only such incident that has occurred at BTC since December 6, 2023.

Accordingly, the auditor finds that 115.263(a) and (b) corrective action has been completed. The auditor finds that 115.263(a) and (b) requirements are internalized at BTC and the facility is now compliant with these provisions.

Pursuant to the PAQ, the PA self reports agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.

BTC Policy 13-4 entitled Reporting Sexual Abuse and Sexual Harassment, pages 6 and 7, section II(c)(x) addresses 115.263(b).

Of note, policy requires reporting by the PA to the head of the facility at which the sexual abuse allegedly occurred, within 24 hours. A discussion regarding the same is reflected above in the narrative for 115.263(a).

Pursuant to the PAQ, the PA self reports the facility documents that it has provided such notification within 72 hours of receiving the same. A discussion of the three

	<p>documented notifications is reflected above in the narrative for 115.263(a).</p> <p>Pursuant to the PAQ, the PA self reports facility policy requires that allegations received from other facilities/agencies regarding sexual abuse/harassment allegations which originated at BTC are investigated in accordance with the PREA standards. The PA further self reports that during the last 12 months, one allegation of sexual abuse allegedly arising at BTC, was received from another facility.</p> <p>The policy citation, as reflected in the narrative for 115.263(a) is also applicable to 115.263(d).</p> <p>The auditor's review of the sexual abuse investigation, in question, reveals substantial compliance with 115.263(d) as once advised of allegations by an administrator at a ND DOCR facility, an investigation was promptly initiated and concluded regarding the allegation of sexual abuse arising at BTC.</p> <p>According to the Agency Head interviewee, the PA or designee at the receiving facility is the designated point of contact to receive such allegations. When such allegations are received, the incident is to be investigated immediately. If evidence is found, a message is relayed to the facility head who sent the message, advising of the outcome.</p> <p>According to the PA, an investigation is immediately initiated in accordance with standards 115.221, 115.222, and 115.271. Relevant reporting requirements regarding ND DOCR are accomplished and all criminal investigative considerations are addressed. The PA would contact the reporting Warden or Administrator and advise of the status of the investigation. The PA also asserts there is an example of another facility or agency reporting such allegation(s).</p> <p>The auditor notes that the allegation and accompanying investigation are addressed above.</p> <p>In view of the completed 115.263(a) and (b) corrective action, the auditor now finds BTC substantially compliant with 115.263.</p>
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<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the PA self reports the agency has a first responder policy for all allegations of sexual abuse. The PA further self reports the agency policy requires that upon learning of an allegation that a resident was sexually abused, the</p>

first security staff member to respond to the report shall be required to:

Separate the alleged victim and abuser;

Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;

If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and

If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

The PA asserts that in the last 12 months, there was zero allegations that a resident was sexually abused. There was likewise zero allegations wherein the first security staff member to respond to the report separated the alleged victim and abuser.

The auditor has learned during the on-site visit, that a staff sexual misconduct investigation was ongoing and accordingly, the resident who reported a sexual abuse incident was not interviewed. The auditor subsequently interviewed the resident remotely and he stated that staff acted expeditiously to resolve the matter. The fact pattern of the incident revealed that physical contact between the resident victim and staff perpetrator did not occur. Rather, the incident involved staff visual display of her genitalia through electronic means (cell phone).

It appears that second hand sketchy information was received from another resident on September 9, 2023 and was not confirmed until September 13, 2023. The staff member who sent the photograph to the resident was interviewed at that time and she admitted to the alleged incident. She resigned effective that date and accordingly, separation of victim and staff was accomplished immediately following accumulation of a preponderance of evidence.

In view of the above, only one of the four first responder steps could be completed as scripted. However, the auditor finds no violation of 115.264 requirements.

BTC Policy 13-11 entitled Coordinated Response/First Response Duties, pages 1 and 2, section II(A)(1, 6, 8, and 9) addresses 115.264(a).

The auditor did review the BTC Coordinated Response to PREA Incidents flow chart and the same corresponds with the aforementioned policy. Additionally, the auditor's review of the first responder card reveals substantial compliance with both policy and standard.

The security first responder interviewee accurately cited the four 115.264(a) first responder duties while the non-security first responder interviewee accurately cited two of the requisite duties. The latter interviewee stated that the first responder must make sure both the victim and perpetrator do not destroy physical evidence, as opposed to, requesting the victim and ensuring the perpetrator not destroy

	<p>physical evidence.</p> <p>Eleven of the 12 random staff interviewees articulated the evidence protocol requires that the victim and perpetrator be separated, the crime scene is secured, and request that the victim not destroy physical evidence by brushing teeth, changing clothes, showering, eating, drinking, urinating, and defecating. Staff are to ensure the perpetrator does not destroy evidence as stipulated in the preceding sentence. This is commensurate with the provisions of the aforementioned policy.</p> <p>The resident who reported a sexual abuse interviewee states that following the report received amongst staff, the PA interviewed him. The interviewee reports he felt the PA acted quickly and he clearly articulated that no penetration occurred during the incident.</p> <p>Pursuant to the PAQ, the PA self reports that if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The PA further self reports there was zero instances wherein non-security staff responders were first on scene.</p> <p>The previously cited BTC policy applies to all staff, volunteers, and contractors. Accordingly, there is no differentiation between security and non-security staff first responder duties and responsibilities. Additionally, security and non-security first responders receive the same first responder training.</p> <p>As the majority of random staff interviewees (inclusive of several non-security staff) accurately articulated 115.264(a) requirements, the auditor finds no basis for a non-compliance finding. In view of the above, the auditor finds BTC substantially compliant with 115.264.</p>
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<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the PA self reports the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>BTC Policy 13-11 entitled Coordinated Response/Staff Response Duties, pages 1-9 addresses 115.265(a). The auditor has thoroughly reviewed this document, which is unique to BTC, and has determined the same is comprehensive and provides sufficient detail to guide staff through response to sexual abuse and sexual harassment incidents.</p>

	<p>Additionally, the auditor has reviewed the BTC Coordinated Response to PREA Incidents matrix and finds the same to be another good resource for staff to utilize in response to sexual abuse incidents. The document is sufficiently posted to enable staff reference.</p> <p>According to the PA, the facility does have a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The same is scripted in a local policy, unique to BTC, and staff are trained annually regarding the same.</p> <p>With respect to the one staff sexual misconduct investigation and the investigation referenced in the narrative for 115.263, the auditor finds no evidence of non-compliance with 115.265(a).</p> <p>In view of the above, the auditor finds BTC substantially compliant with 115.265.</p>
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<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the PA self reports BTC has not entered into or renewed any collective bargaining agreements or other agreements since the last PREA audit.</p> <p>The auditor finds that since there is no deviation from standard, BTC is substantially compliant with 115.266.</p>

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the PA self reports the agency has 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. The PA further self reports the agency designates staff member(s) with monitoring responsibilities for possible retaliation. The PM, or in her absence, the PA, and case managers are the designated retaliation monitors at BTC. The PM or PA, facilitate staff retaliation monitoring while case managers facilitate resident retaliation monitoring.</p> <p>Amended BTC Policy 13-9 entitled Findings, Sanctions, and False Reporting, page 3,</p>

section II(J)(1) addresses 115.267(a).

BTC Policy 13-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(J)(2) addresses 115.267(b).

According to the Agency Head interviewee, movement of residents from pod to pod or unit to unit are some of the strategies available to protect residents from sexual abuse or sexual harassment and retaliation. Movement of staff from shift to shift or post to post along with a recommendation for the Employee Assistance Program are a few of the strategies available to protect staff from retaliation for reporting sexual abuse or sexual harassment of residents.

According to the retaliation monitor interviewee and PA, the following measures can be implemented to protect residents and staff from retaliation when reporting allegations of sexual abuse or sexual harassment:

The case manager or the PM facilitates formal meetings with the victim (dependent upon whether the victim is a resident or staff) on a bi-weekly basis for the first two months and monthly thereafter;

The aggressor is moved, possibly to another facility;

Minimally, staff perpetrators of retaliation could be given a post assignment or shift change or place the perpetrator on administrative leave;

Support services, inclusive of Employee Assistance Program (EAP), would be offered to staff victims while increased contact(s) with staff would be offered to residents;

Resident victims could be moved within the facility, possibly closer to staff supervision;

Increase welfare checks with respect to the resident victim.

Of note, the retaliation monitoring designee(s) reach out to the victim of sexual abuse subsequent to notification of the alleged abuse. The aforementioned retaliation monitoring meeting notes are documented on the Retaliation Monitoring form, in emails, and in progress notes.

The resident who reported a sexual abuse interviewee stated he feels protected enough against possible revenge from staff or other residents because he reported what happened to himself/herself.

Pursuant to the PAQ, the PA self reports the facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. Generally, retaliation monitoring continues for 90 days. The PA self reports the facility acts promptly to remedy any such retaliation.

The PA further self reports the facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. Retaliation monitoring reportedly occurred zero times throughout the last 12 months.

The auditor notes that subsequent to the on-site visit, a staff misconduct

investigation was uploaded into OAS. While not specifically a sexual abuse incident, one retaliation monitoring follow-up occurred within one week of investigation conclusion. It appears that the investigation was completed on September 13, 2023 and the retaliation monitoring meeting occurred on September 20, 2023. The auditor has been provided PREA Incident Follow-up Forms dated September 27, 2023, October 4, 2023, October 11, 2023, October 25, 2023, November 8, 2023, and November 22, 2023 reflecting the conduct of meetings in accordance with policy. Policy requires the conduct of retaliation monitoring meetings every other week during the first 60 days of monitoring and once during the last 30 days of monitoring.

In view of the above, the auditor finds BTC substantially compliant with 115.267(c).

BTC Policy 13-9 entitled Findings, Sanctions, and False Reporting, pages 3 and 4, section II(J)(3)(a-c) addresses 115.267(c).

In regard to the measures to be taken when retaliation is suspected, the retaliation monitoring interviewee asserts she would first assess the known facts.

Subsequently, the situation would be investigated by the investigator. The outcome of the investigation will dictate subsequent steps.

In regard to warning signs of potential retaliation against residents: changes in behavior; emotional changes; changes in associations; hygiene decompensation; isolation; cessation of eating or changes in eating habits; and an increase in receipt of misconduct reports are all indicators of retaliation. With respect to staff, many of the above indicators, in addition to excessive call-offs, poor performance, and requests for shift and post changes are indicators of retaliation.

Retaliation monitoring is implemented for a minimum of 90 days. The PA asserts there is no maximum time in which retaliation monitoring is conducted and the same may be extended for the entire stay at BTC, if warranted.

BTC Policy 13-9 entitled Findings, Sanctions, and False Reporting, page 4, section II(J)(3)(a) addresses 115.267(d).

The retaliation monitoring interviewee asserts that periodic monitoring is included in the retaliation monitoring protocol. The same are documented in the same manner as reflected in the narrative for 115.267(c).

BTC Policy 13.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(J)(2) addresses 115.267(e).

According to the Agency Head interviewee, if or when an individual who cooperates with an investigation expresses a fear of retaliation, the individual is monitored.

The PA and/or his staff monitor such staff victim(s).

The PA articulated the same narrative as the retaliation monitoring interviewee in terms of the protocol for monitoring. Accordingly, if or when an individual who cooperates with an investigation expresses a fear of retaliation, the individual is monitored pursuant to the same protocol. During the last 12 months, there are no



	<p>examples of such requests wherein an individual who cooperated with an investigation, expressed a fear of retaliation.</p> <p>In view of the above, the auditor finds BTC substantially compliant with 115.267.</p>
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<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the PA asserts the facility has a policy related to criminal and administrative agency investigations.</p> <p>BTC Policy 13-10 entitled Investigations, page 1, section IV addresses 115.271(a).</p> <p>According to the administrative investigative staff interviewee, an investigation into an allegation of sexual abuse or sexual harassment is initiated immediately if she is on-site. During off-duty hours, she would report to the facility immediately and commence both a sexual abuse/harassment investigation. Sexual abuse cases are referred to BPD.</p> <p>The administrative investigative staff interviewee states that in regard to third-party or anonymous reports of sexual abuse or sexual harassment, the same are treated the same as any other investigation. The investigation is completed in a timely, thorough, and objective manner.</p> <p>The auditor notes that despite three attempts to secure an interview with a sexual abuse criminal investigator for Bismarck Police Department, he has not been able to complete the requisite interview. On April 31, 2024, the auditor successfully made contact with the a sergeant in the detective division, requesting said interview. The auditor was subsequently assured that a detective would contact the auditor to complete the interview.</p> <p>As the auditor received no return telephone call, he again called the sergeant on May 3, 2024 and May 7, 2024, leaving messages on both occasions. As of the date of this writing, the auditor has not received any return telephone calls to facilitate the requisite interview.</p> <p>Pursuant to the auditor's review of the one staff sexual misconduct investigation and one staff sexual abuse investigation (allegedly occurred during 2016 and the victim is now housed in another facility) completed during the last 12 months, the same appear to have been initiated in a timely manner.</p>

BTC Policy 13-10 entitled Investigations, page 1, section V(A) addresses 115.271(b). This policy stipulates BTC shall use investigators that have received specialized training in handling sexual abuse and sexual harassment cases.

Policy reflects the PA and PM are the designated PREA investigators at BTC.

However, four investigators, inclusive of the PA and PM, are properly trained and administrative sexual abuse/harassment investigations may be delegated to the two remaining investigators.

The investigative staff interviewee reports she did receive training specific to conducting sexual abuse investigations in confinement settings. Specifically, she completed both a three day in-person training with ND DOCR and a three-hour on-line course presented by the National Institute of Corrections (NIC) entitled PREA: Investigating Sexual Abuse in a Confinement Setting. The latter training course included case scenarios and a testing component. Specifics regarding the criminal investigative staff interviewee's training are articulated in the narrative for 115.234.

BTC Policy 13-10 entitled Investigations, page 2, section V(C)(3) addresses 115.271(c).

The administrative investigative staff interviewee states the following steps are employed throughout the investigative process:

Check 1st Responder information (five minutes);

Check crime scene, photographs or take photographs (10 minutes);

If the matter is a sexual abuse case, the shift supervisor would have contacted BPD.

Review all staff and resident reports (15 minutes);

Facilitate threshold questioning of the victim (15 minutes);

Interview staff and resident witnesses (15 minutes per witness);

Review video (30 to 45 minutes);

Interview perpetrator if BPD released case for administrative investigation (zero minutes to one hour);

Review staff and resident files to determine prior involvement in sexual abuse/harassment behaviors and history of sexual abuse/harassment cases (one hour);

Re-interview victim, staff, witnesses dependent upon the situation (15 minutes per interviewee);

Review schedules, rounds, count sheets to determine access (one hour); and

Write report (one to two hours).

The administrative investigative interviewee further self reports she is responsible for collecting video footage, photographs, check cell phone(s), and review Facebook/ social media evidence.

BTC Policy 13-10 entitled Investigations, page 2, section IV(B) addresses 115.271(d). This policy precludes the conduct of compelled interviews by BTC investigator(s).

The administrative investigative staff interviewee reports she does not consult with prosecutors. BPD investigators handle that aspect of the case. She asserts compelled interviews likewise fall under the jurisdiction of BPD.

BTC Policy 13-10 entitled Investigations, page 2, section V(C)(4 and 5) addresses 115.271(e).

The administrative investigative staff interviewee states residents, suspects, or witnesses are deemed credible until proven otherwise. An analysis of the fact pattern and known facts compared against their statements establishes credibility. In other words, there is more evidence pointing to the fact the incident occurred than not. Further, in response to whether they would require a resident who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation, she states the same would be a BPD function.

The resident who reported a sexual abuse interviewee reports he was not required to take a polygraph examination as a condition for proceeding with a sexual abuse investigation.

BTC Policy 13-10 entitled Investigations, page 1, section V(A)(1)(a and b) addresses 115.271(f). This policy stipulates administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The administrative investigative staff interviewee reports she would assess staff actions or inactions in every investigation and would compare the same against policy requirements and the Code of Ethics.

She further stated administrative investigations are documented in written reports. The written report information is as follows:

Overview of allegation(s);

Timeline;

Investigative steps (interviews and findings and indirect evidence revelations), as well as, on-site observations;

Synopsis of victim, witness, perpetrator statement(s); and

Facts and Findings.

According to the PM, during the last 12 months, zero investigations were referred to BPD for criminal investigation.

When asked if criminal reports are documented, the administrative investigative staff interviewee responded in the affirmative. She stated a criminal report would include everything she includes in an Administrative report, plus a description of and credibility assessment of physical evidence.

Pursuant to the PAQ, the PA self reports substantiated allegations of conduct that appear to be criminal may be referred for prosecution by BPD investigator(s). The PA further self reports there was zero substantiated allegations of conduct that appeared to be criminal that were referred for prosecution during the last 12

months.

BTC Policy 13-10 entitled Investigations, page 2, section V(B) addresses 115.271(h).

The administrative investigative staff interviewee states that referral of a case for prosecution falls under the purview of BPD.

Pursuant to the PAQ, the PA self reports the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

BTC Policy 13-10 entitled Investigations, page 2, section V(D) addresses 115.271(i).

The auditor has found no violations of 115.271(i) requirements.

BTC Policy 13-10 entitled Investigations, page 1, section IV addresses 115.271(j).

According to the administrative investigative staff interviewee, when a staff member alleged to have committed sexual abuse terminates employment prior to completion of an investigation into his/her conduct, the investigation continues.

The same is true when a victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to completion of an investigation into the incident.

BTC Policy 13-10 entitled Investigations, page 2, section V(C)(2) addresses 115.271(l).

According to the PA, he would contact the investigator from the investigating agency on a weekly basis, to stay informed of the progress of the sexual abuse investigation. The BTC PM asserts the PA facilitates all contact with BPD investigators to determine investigation progress. Contacts occur on a weekly basis and are generally documented in an email.

According to the BTC administrative investigative staff interviewee, she would provide any investigative support required when an outside agency investigates an incident of sexual abuse in the facility. As a liaison, she would handle any required tasks to facilitate the criminal investigation.

In view of the above, the auditor finds BTC substantially compliant with 115.271.

	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Pursuant to the PAQ, the PA asserts the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>BTC Policy 13-10 entitled Investigations, page 2, section V(E) addresses 115.272(a).</p> <p>The auditor's review of the one staff sexual misconduct investigation addressed throughout this report, as well as, the 2016 sexual abuse incident reveals substantial compliance with 115.272(a). With the perpetrator's admission and other linking evidence as reflected in the staff sexual misconduct investigation, the preponderance of evidence standard is clearly met.</p> <p>According to the administrative investigative staff interviewee, the requisite standard of evidence for an administrative investigation is preponderance (more substantive evidence that the incident occurred, than not).</p> <p>The auditor notes that despite three attempts to secure an interview with a sexual abuse criminal investigator for Bismarck Police Department, he has not been able to complete the requisite interview. On April 31, 2024, the auditor successfully made contact with the a sergeant in the detective division, requesting said interview. The auditor was subsequently assured that a detective would contact the auditor to complete the interview.</p> <p>As the auditor received no return telephone call, he again called the sergeant on May 3, 2024 and May 7, 2024, leaving messages on both occasions. As of the date of this writing, the auditor has not received any return telephone calls to facilitate the requisite interview.</p> <p>In view of the above, the auditor finds BTC substantially compliant with 115.272.</p>

<p><b>115.273</b></p>	<p><b>Reporting to residents</b></p>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Pursuant to the PAQ, the PA self reports the agency has a policy requiring any resident who makes an allegation that he or she suffered sexual abuse/harassment in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The PA further self reports that zero criminal and/or administrative investigations of alleged resident sexual abuse were completed by the agency within the last 12 months however, the one staff sexual misconduct</p>

investigation reviewed following the on-site visit is addressed in this narrative, BTC Policy 13-10 entitled Investigations, page 3, section V(F)(1) addresses 115.273(a). The auditor notes this provision, as written, applies to both sexual abuse/harassment investigations. As 115.273(a) applies only to sexual abuse investigation outcomes, the auditor finds that BTC exceeds standard requirements.

The auditor's review of one 2023 documented staff sexual misconduct investigation reveals the victim received 115.273(a) notification regarding the status of the investigation (substantiated, unsubstantiated, unfounded) on September 25, 2023. The same notification reflects compliance with 115.273(c) as the perpetrator was no longer employed at the facility.

According to the PA and investigative staff interviewees, the facility does notify a resident who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. Both interviewees assert that the PCM makes the notification.

Pursuant to the PAQ, the PA self reports that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. The PA further self reports that zero sexual abuse investigations were completed by BTC during the last 12 months.

BTC Policy 13-10 entitled Investigations, page 3, section V(F)(2) addresses 115.273(b).

The auditor has found no evidence contradicting the above statements of the PA.

Pursuant to the PAQ, the PA self reports following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever:

The staff member is no longer posted within the resident's unit;

The staff member is no longer employed at the facility;

The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The PA further self reports there has been zero substantiated or unsubstantiated complaints (e.g. not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility within the last 12 months however, one staff-on-resident sexual misconduct investigation was just completed at the time of the on-site visit.

BTC Policy 13-10 entitled Investigations, page 3, section entitled V(G)(1-4) addresses 115.273(c).

The 115.273(c) notification is addressed in the narrative for 115.273(a).

The resident who was reported to be a victim of staff sexual misconduct interviewee states he was informed, in writing, that the staff member involved in the incident was no longer employed at the facility and that the allegation was determined to be substantiated. He is not aware of any indictment or conviction regarding perpetuation of sexual abuse at the facility by that ex-staff member. He was notified, in writing, of this information in September, 2023.

Pursuant to the PAQ, the PA self reports that following a resident's allegation he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever:

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

The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

BTC Policy 13-10 entitled Investigations, page 3, section entitled V(H)(1 and 2) addresses 115.273(d).

The auditor finds there is no evidence of resident-on-resident sexual abuse/harassment incidents at BTC during the last 12 months.

Pursuant to the PAQ, the PA self reports the agency has a policy that all notifications to residents described under this standard are documented. The PA further self reports in the last 12 months, zero notifications to residents were provided pursuant to this standard however, as reflected above, one written notification was issued during the last 12 months.

BTC Policy 13-10 entitled Investigations, page 3, section V(I) addresses 115.273(e).

In view of the above, the auditor finds BTC exceeds standard expectation with respect to 115.273.

<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Pursuant to the PAQ, the PA self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

BTC Policy 13-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(H) addresses 115.276(a).

The auditor has discovered one substantiated case wherein staff perpetrated sexual misconduct while the victim was confined at BTC during the last 12 months.

According to the investigation of this matter and in view of a document signed by the perpetrator, she voluntarily resigned from her employment on September 13, 2023. An executed document entitled CCCS Termination Payroll Status Change dated September 13, 2023 validates the resignation.

Pursuant to the PAQ, the PA self reports in the last 12 months, zero facility staff have violated agency sexual abuse or sexual harassment policies and have been terminated or resigned prior to termination. As reflected in the preceding paragraph, one employee resigned prior to completion of the investigation and termination based on staff sexual misconduct. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

BTC Policy 13-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(H)(1) addresses 115.276(b).

The auditor notes that a description of the fact pattern in this matter is not indicative of sexual abuse.

Pursuant to the PAQ, the PA self reports disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. The PA further self reports in the last 12 months, zero facility staff have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

BTC Policy 13-9 entitled Findings, Sanctions, and False Reporting, pages 2 and 3, section II(H)(2) addresses 115.276(c).

The auditor notes there is no evidence of non-compliance with 115.273(c).

Pursuant to the PAQ, the PA self reports 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PA further self reports in the last 12 months, zero facility staff have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.



	<p>BTC Policy 13-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(H)(3) addresses 115.276(d).</p> <p>Clearly, the fact pattern in the aforementioned incident is not indicative of a criminal matter and the perpetrator is not a licensed professional. Accordingly, there is no basis for reporting the incident to either law enforcement or a licensing board.</p> <p>In view of the above, the auditor finds BTC substantially compliant with 115.276.</p>
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<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the PA self reports any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PA further self reports agency policy requires that any contractor or volunteer who engages in sexual abuse with residents is prohibited from contact with residents. In the last 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.</p> <p>BTC Policy 13-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(I)(1) addresses 115.277(a).</p> <p>Pursuant to the PAQ, the PA self reports the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>BTC Policy 13-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(I)(2) addresses 115.277(b).</p> <p>The PA asserts that in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, a designated facility investigator would investigate the matter and he (the PA) would suspend facility access privileges. No contact would be allowed with residents pending conclusion of the investigation. The PA further self reports no such incidents have occurred within the last 12 months.</p> <p>In view of the above, the auditor finds BTC substantially compliant with 115.277.</p>

<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1469 622">Pursuant to the PAQ, the PA self reports residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. The PA further self reports residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the last 12 months, zero administrative and criminal findings of resident-on-resident sexual abuse have occurred at BTC.</p> <p data-bbox="280 663 1422 739">BTC Policy 13-9 entitled Findings, Sanctions, and False Reporting, pages 1 and 2, section II(C) addresses 115.278(a).</p> <p data-bbox="280 779 1430 855">BTC Policy 13-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(C)(1-3) addresses 115.278(b).</p> <p data-bbox="280 893 1445 1216">According to the PA, an allegation of sexual abuse is referred to BPD for investigation. Simultaneously, a request for administrative removal of the perpetrator is submitted to ND DOCR. ND DOCR staff are responsible to address any administrative disciplinary matters, inclusive of ensuring that sanctions are 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. Additionally, mental disability or mental illness is considered by ND DOCR staff when determining sanctions.</p> <p data-bbox="280 1254 1430 1330">BTC Policy 13-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(D)and (D)(1) addresses 115.278(c).</p> <p data-bbox="280 1368 1390 1444">A discussion of the actual disciplinary process and ND DOCR responsibilities is reflected in the narrative for 115.278(b).</p> <p data-bbox="280 1482 1477 1895">Pursuant to the PAQ, the PA asserts the facility may not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. As the auditor learned during the on-site visit, medical and mental health employees were hired at the beginning of September, 2023 in conjunction with a new contract. While the breadth of duties had not been defined as of the dates of the on-site visit, the auditor is only considering provision of services to the additional small population. Nonetheless, services are provided and accordingly, interviews of relevant staff are applicable to this audit. However, as reflected in the narrative for 115.278(b), the perpetrator is generally removed from the facility via administrative removal.</p> <p data-bbox="280 1933 1477 2089">In view of the above, the PA further asserts the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, they may consider whether to require the offending resident to participate in such interventions as a condition of access to programming or</p>

other benefits. The mental health interviewee concurs with the PA's assertion. Such therapy, counseling, or other intervention would be voluntary.

BTC Policy 13-9 entitled Findings, Sanction, and False Reporting, page 2, section II(D) and (D)(2 and 3) addresses 115.278(d).

Pursuant to the PAQ, the PA self reports the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

BTC Policy 13-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(G) addresses 115.278(e).

The PM asserts BTC has not disciplined any residents for sexual conduct with staff during the last 12 months.

Pursuant to the PAQ, the PA self reports the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

BTC Policy 13-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(E) addresses 115.278(f).

The PM asserts BTC has not disciplined any residents for making a sexual abuse report in bad faith during the last 12 months.

Pursuant to the PAQ, the PA self reports the agency prohibits all sexual activity between residents. The PA further self reports BTC deems sexual activity between residents to constitute sexual abuse only if it determines the activity is coerced and at that point, disciplinary action may ensue.

BTC Policy 13-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(F) addresses 115.278(g).

The PM asserts during the last 12 months, BTC has not disciplined any residents for sexual abuse in the absence of coercion.

In view of the above, the auditor finds BTC substantially compliant with 115.278.

<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1481 748">Pursuant to the PAQ, the PA self reports resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The PA further self reports the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., forms, logs) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p data-bbox="280 788 1481 949">BTC Policy 13-5 entitled Medical and Mental Health, page 1, section II(B) addresses 115.282(a). Policy 13-11 entitled Coordinated Response/First Response Duties, pages 4 and 5, section II(C) also addresses 115.282(a). This policy defines the steps to be taken to ensure compliance with 115.282(a).</p> <p data-bbox="280 990 1481 1227">Both the medical and mental health interviewees stated resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Access to services is immediate during regular business hours and both interviewees would report to the facility during non-regular business hours in the event of a sexual abuse incident. Similarly, both interviewees state the nature and scope of services provided are pursuant to their medical judgment.</p> <p data-bbox="280 1267 1439 1429">The resident who reported a sexual abuse reported he refused medical/mental health evaluation subsequent to the alleged incident of staff sexual misconduct being reported. He further reported he did not incur any physical injury based on the previously described fact pattern (no physical contact).</p> <p data-bbox="280 1469 1449 1666">The provisions of 115.282(b) are addressed in the narrative for 115.264(b). The discussion, as articulated in the policy narratives mentioned in 115.264(a), clearly addresses action steps to be taken by First Responders/Supervisors in terms of contact with the hospital and escort of the victim(s) to the same in the absence of medical/mental health providers at the facility.</p> <p data-bbox="280 1706 1401 1778">Of note, all 12 random staff interviewees included contact with medical/mental health staff as part of their first responder duties.</p> <p data-bbox="280 1818 1474 2069">Pursuant to the PAQ, the PA self reports resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials (e.g., forms, logs) documenting the timeliness of emergency medical treatment and crisis intervention</p>

	<p>services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p>The elements of this provision are addressed in the policy citations reflected in the narrative for 115.282(a).</p> <p>The resident who reported a sexual abuse interviewee was not subject to a forensic examination. Additionally, the fact pattern of the allegation did not warrant 115.282(c) interventions.</p> <p>Pursuant to the PAQ, the PA self reports treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>BTC Policy 13-5 entitled Medical and Mental Health, page 2, section II(C)(2) addresses 115.282(d).</p> <p>While one incident of staff sexual misconduct arose during the last 12 months, the same required that staff offer a mental health meeting to the victim and he declined the same as reflected in the BTC Mental Health Referral Form dated September 15, 2023. The incident fact pattern did not involve penetration or other sexual abuse. Accordingly, assessment of costs was not relevant in this matter.</p> <p>In view of the above, the auditor finds BTC substantially compliant with 115.282.</p>
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the PA self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>BTC Policy 13-5 entitled Medical and Mental Health, page 2, section II(C) addresses 115.283(a).</p> <p>The BTC PM asserts the during the last 12 months, zero incoming residents, who were screened pursuant to 115.241, reported institutional sexual abuse in a prison, jail, lockup, or juvenile facility.</p> <p>BTC Policy 13.5 entitled Medical and Mental Health, page 2, section II(C)(1) addresses 115.283(b).</p>

According to the medical interviewee, evaluation and treatment of residents who have been victimized entails the conduct of a threshold interview with the victim to determine basic medical concerns associated with the abuse. Subsequently, a clothed inspection for any life threatening issues may be prudent. The same may result in an unclothed inspection if life threatening condition(s) are identified for the purpose of administering emergency first aid. Vitals may also be taken.

The mental health interviewee states that the victim would be maintained in a safe place. A threshold interview of the victim would be conducted to determine where he/she is at emotionally. Establishment of rapport and employment of calming techniques would be immediately initiated.

The resident, about whom a staff sexual misconduct was reported, states he declined medical/mental health staff follow-up.

It is noted according to policy, medical and mental health services are provided to female residents by ND DOCR and male residents access medical and mental health services in the community. With the new contract wherein a different female population is housed at BTC, both a medical and a mental health provider are now on staff.

Given either plan as noted above, the community standard is met. Both the medical and mental health interviewees state that the community standard is met both at the facility and at the hospital.

Pursuant to the PAQ, the PA self reports female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.

CCCS Policy 1.3.5.12 entitled PREA, page 23, section 115.283(d) addresses 115.283(d). This policy is also validated pursuant to BTC Policy 13-5 entitled Medical and Mental Health, pages 2 and 3, section II(C)(2 and 3).

As the resident, about whom staff sexual misconduct was reported, is a male, 115.283(d) requirements are not applicable to his interview.

Pursuant to the PAQ, the PA self reports if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

CCCS Policy 1.3.5.12 entitled PREA, page 23, section 115.283(e) addresses 115.283(e).

As the resident, about whom staff sexual misconduct was reported, is a male, 115.283(e) requirements are not applicable to his interview.

The medical staff interviewee states that if pregnancy results from sexual abuse while incarcerated, victims are immediately given timely information and access to all lawful pregnancy-related services. The same would be provided at BTC.

Pursuant to the PAQ, the PA self reports resident victims of sexual abuse while

incarcerated are offered tests for sexually transmitted infections as medically appropriate.

The policy citation referenced in the narrative for 115.283(d) above (BTC Policy 13-5) is also applicable to 115.283(f). Additionally, the SANE interviewee's response as articulated in the narrative for 115.221(c) addresses the substance of 115.283(f) as tests for sexually transmitted infections, as medically appropriate, are provided as part of the forensic examination.

As previously indicated, the resident, about whom staff sexual misconduct was reported, states the fact pattern in the allegation did not include any penetration or skin-to-skin contact. Accordingly, 115.283(f) requirements are not applicable to his interview.

Pursuant to the PAQ, the PA self reports treatment services are 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.

The policy addressing this provision is clearly articulated in the narrative for 115.283(d) as reflected above.

The resident, about whom a staff sexual misconduct incident was reported, states he did not have to pay for any treatment related to this incident of sexual abuse.

Pursuant to the PAQ, the PA self reports the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health practitioners.

BTC Policy 13-5 entitled Medical and Mental Health, page 3, section II(C)(4) addresses 115.283(h).

Pursuant to conversation with the PCM, it has been learned zero resident-on-resident abusers have been housed at BTC during the last 12 months. It is again noted that the PA has the ability to decline acceptance of residents based on historical information, inclusive of resident-on-resident sexual abuse. The mental health interviewee states she completes a mental health evaluation on every new admission.

In view of the above, the auditor finds BTC substantially compliant with 115.283.

<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<p data-bbox="280 188 1015 221"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 344 1481 501">Pursuant to the PAQ, the PA self reports the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse and sexual harassment investigation, unless the allegation has been determined to be unfounded.</p> <p data-bbox="280 546 1481 703">The PA further self reports in the last 12 months, zero criminal and/or administrative investigations of alleged sexual abuse/harassment were completed at the facility however, as previously mentioned, the auditor finds that one staff sexual misconduct investigation was completed. The same was substantiated.</p> <p data-bbox="280 748 1481 1016">BTC Policy 13-7 entitled Data Collection, Aggregation and Review, page 1, section II(A)(1)(a) addresses 115.286(a). This policy stipulates BTC shall conduct a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse or sexual harassment investigation including whether or not the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The review will include members of the Sexual Assault Review Team (SART).</p> <p data-bbox="280 1061 1481 1218">The auditor's review of the one staff sexual misconduct investigation and accompanying sexual abuse response team (SART) report, reveals substantial compliance with 115.286(a-d). Zero recommendations were identified given the fact pattern of the investigation.</p> <p data-bbox="280 1263 1481 1576">Pursuant to the PAQ, the PA self reports the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse/harassment investigation. The PA further self reports in the last 12 months, zero criminal and/or administrative investigations of alleged sexual abuse/harassment were completed at the facility, followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents. However, as reflected in the narrative for 115.286(a), one investigation is considered for review with respect to 115.286.</p> <p data-bbox="280 1621 1481 1733">BTC Policy 13-7 entitled Data Collection, Aggregation and Review, page 1, section II(A)(1)(b) addresses 115.286(b). This policy stipulates such review shall occur within 30 days of the conclusion of the investigation.</p> <p data-bbox="280 1778 1481 1890">Pursuant to the PAQ, the PA self reports the SART team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p data-bbox="280 1935 1481 2047">BTC Policy 13-7 entitled Data Collection, Aggregation and Review, page 1, section II(A)(1)(c) addresses 115.286(c). This policy stipulates the SART team includes the following;</p>



BTC PM;  
PA;  
Behavioral Technician Coordinator;  
Behavioral Technician Supervisor; and  
PREA investigator(s).

According to the PA, there is a facility SART team comprised of upper-level management officials. Additionally, input is allowed from line supervisors and investigator(s).

Pursuant to the PAQ, the PA asserts the review team shall:

Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

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;

Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

Assess the adequacy of staffing levels in that area during different shifts;

Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

Prepare a report of its findings, including but not necessarily limited to, determinations made pursuant to the above paragraphs of this section, and any recommendations for improvement and submit such report to the facility head and PREA Coordinator.

BTC Policy 13-7 entitled Data Collection, Aggregation and Review, pages 1 and 2, section II(A)(1)(d) addresses 115.286(d).

The auditor's review of one completed 2023 SART Checklist Form associated with the aforementioned investigative findings reveals substantial compliance with 115.286(a-d).

The PA asserts that the team uses the information from the SART review to highlight the positives, identify the negatives, and enhance "all things PREA."

According to the PA, the SART team does:

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;

Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

Assess the adequacy of staffing levels in that area during different shifts; and

Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

	<p>The PM asserts the facility conducts SART reviews and prepares a report of its findings from the reviews, including any determinations and any recommendations for improvement. While the PA generally authors the report, the same is forwarded to her for review and signature. She employs quality control with respect to the report and follows up to ensure recommendations are followed or documented as to the rationale for not following the same. She has noted no trends in terms of the allegations and reports reviewed.</p> <p>According to the Incident Review Team interviewee, the SART team:</p> <p>Considers 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;</p> <p>Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;</p> <p>Assesses the adequacy of staffing levels in that area during different shifts; and</p> <p>Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.</p> <p>BTC Policy 13-7 entitled Data Collection, Aggregation and Review, page 2, section II(A)(1)(e) addresses 115.286(e).</p> <p>The auditor notes zero recommendations were articulated in the aforementioned report.</p> <p>In view of the fact the standard requires a SART review only following completion of criminal or administrative sexual abuse investigations and BTC staff conduct a SART review following both sexual abuse/harassment investigations, the auditor finds BTC exceeds standard expectations with respect to 115.286.</p>
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<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Pursuant to the PAQ, the PA self reports the agency shall collect accurate, uniform

data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The PA further self reports the standardized instrument includes, 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.

BTC Policy 13-7 entitled Data Collection, Aggregation and Review, page 2, section II(A)(2) addresses 115.287(a)(c). This policy stipulates BTC shall collect accurate, uniform data for every allegation of sexual abuse and sexual harassment using the standardized instrument known as the Survey of Sexual Violence (SSV) and it will be collected annually. If the SSV data collection is not conducted by the Bureau of Justice Statistics, the following data shall be collected:

The number of incidents that met the definition of sexual abuse and sexual harassment as outlined in the PREA Standards;

The area where the incident occurred;

The time of the incident;

The victim's age, ethnicity, and gender;

The type of abuse or injury;

How the incident was reported;

If the incident was resident-on resident, staff-on-resident, or resident-on-staff;

The perpetrator's age, ethnicity, and gender;

The nature of the incident; and

Sanctions imposed on the perpetrator.

The auditor's review of the CCCS website reveals requisite BTC 115.287(a/c) information is captured in the 2021 and 2022 BTC Annual PREA Reports.

Pursuant to the PAQ, the Administrator self reports the agency aggregates the incident-based sexual abuse data at least annually.

BTC Policy 13-7 entitled Data Collection, Aggregation and Review, page 2, section II(A)(6) addresses 115.287(a)(c).

As referenced in the narrative for 115.287(a), demographics are aggregated in annual reports, as well as, population reports.

Pursuant to the PAQ, the PA self reports the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

BTC Policy 13.7 entitled Data Collection, Aggregation and Review, page 3, section II(A)(3) addresses 115.287(d).

The auditor's review of files mentioned throughout this report and comparison against annual PREA reports reveals substantial compliance with 115.287(d).

Pursuant to the PAQ, the PA self reports the agency does not obtain incident-based and aggregated data from private facilities with which BTC contracts for the confinement of its residents. Specifically, BTC does not enter into such contracts.

	<p>Accordingly, this provision is deemed to be NA.</p> <p>Pursuant to the PAQ, the PA self reports the agency has provided the Department of Justice (DOJ) with data from the previous calendar year upon request. Specifically, the DOJ has made such a request for 2022 data.</p> <p>It is noted BTC Policy 13.7 entitled Data Collection, Aggregation and Review, page 3, section II(A)(5) addresses 115.287(f).</p> <p>The auditor's review of the 2022 SSV reveals substantial compliance with 115.287(f).</p> <p>In view of the above, the auditor finds BTC substantially compliant with 115.287.</p>
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<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the PA self reports the agency reviews 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, and training, including:</p> <p>Identifying problem areas;  Taking corrective action on an ongoing basis; and  Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as, the agency as a whole.</p> <p>BTC Policy 13-7 entitled Data Collection, Aggregation and Reviews, page 3, section II(B)(1)(a-c) addresses 115.288(a). This policy stipulates BTC shall review data collected and aggregated pursuant to this section in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:</p> <p>Identifying problem areas;  Taking corrective action; and  Preparing an annual report of its findings and corrective actions for each facility, as well as, the agency as a whole.</p> <p>According to the Agency Head interviewee, incident-based sexual abuse data statistics are reviewed to identify/evaluate any patterns. If policy or training modifications are necessary as the result of any trends or patterns, the same would</p>

be implemented.

According to the BTC PM, data is collected and aggregated and is reviewed in order to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies and training. Findings are compiled in an annual report and trends are assessed. The primary objective is to evaluate ways to improve.

Data (hard copies of sexual abuse/harassment investigations and all sexual victimization/aggressor assessments/reassessments) is secured in a locked file cabinet in the PM's Office and the office is secured when she is not in the office. An electronic copy of all investigations is forwarded to the CCCS PC. The facility and agency does take action on an ongoing basis based on the data. Of note, the auditor validated this security practice during the on-site visit.

An annual PREA report is prepared by the PA and reviewed by the PM. The document is subsequently forwarded to the CCCS PC for review and publication after review by the CCCS CEO. The annual report captures findings from the data review and any corrective actions implemented at BTC.

Pursuant to the PAQ, the PA self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The PA further self reports the annual report provides an assessment of the agency's progress in addressing sexual abuse.

BTC Policy 13-7 entitled Data Collection, Aggregation and Review, page 3, section II(B)(2) addresses 115.288(b).

The auditor finds that there is a comparison between each year in terms of data and there is an assessment of necessary changes and the status of those changes on an annual basis.

In view of the above, the auditor now finds BTC substantially compliant with 115.288(b).

Pursuant to the PAQ, the PA self reports the agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.

BTC Policy 14-7 entitled Data Collection, Aggregation and Review, page 3, section II(B)(3) addresses 115.288(c).

According to the Agency Head interviewee, he does sign and approve such annual reports.

Pursuant to the auditor's review of the aforementioned BTC Annual PREA Reports, the Agency Head clearly approved the same as evidenced by his signature on the same.

Pursuant to the PAQ, the PA self reports that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials

	<p>where publication would present a clear and specific threat to the safety and security of the facility. The PA further self reports the agency indicates the nature of the material redacted.</p> <p>BTC Policy 13-7 entitled Data Collection, Aggregation and Review, page 3, section II(B)(4) addresses 115.288(d).</p> <p>According to the BTC PM, personal identifiers (names and identifying data) and security-sensitive information would typically be redacted from the annual report. She further self reports that the nature of the material redacted would be identified.</p> <p>In view of the above, the auditor finds BTC is substantially compliant with 115.288.</p>
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<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the PA self reports the agency shall ensure that data collected pursuant to 115.287 is securely maintained.</p> <p>BTC Policy 13-7 entitled Data Collection, Aggregation and Review, page 4, section II(C)(1) addresses 115.289(a).</p> <p>Data (hard copies of sexual abuse/harassment investigations and all sexual victimization/aggressor assessments/reassessments) is secured in a locked file cabinet in the PM's Office and the office is secured when she is not in the office. An electronic copy of all investigations is forwarded to the CCCS PC. The facility and agency does take action on an ongoing basis based on the data. Of note, the auditor validated this security practice during the on-site visit.</p> <p>Pursuant to the PAQ, the PA self reports agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.</p> <p>BTC Policy 13-7 entitled Data Collection, Aggregation and Review, page 4, section II(C)(2) addresses 115.289(b).</p> <p>The auditor's review of the CCCS and BTC website reveals substantial compliance with 115.289(b). As previously indicated, neither CCCS nor BTC contract with other entities to house residents designated for confinement at BTC.</p> <p>Pursuant to the PAQ, the PA self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p>BTC Policy 13-7 entitled Data Collection, Aggregation and Review, page 4, section</p>

	<p>II(C)(3) addresses 115.289(c).</p> <p>The auditor's review of the aggregated sexual abuse data reveals no identifiers.</p> <p>Pursuant to the PAQ, the PA self reports 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>BTC Policy 13-7 entitled Data Collection, Aggregation and Review, page 4, section II(C)(4) addresses 115.289(d).</p> <p>The auditor has randomly scanned some of the investigative files covering the last six years, complete with supporting documentation and data, and finds the same to substantiate compliance with 115.289(d).</p> <p>In view of the above, the auditor finds BTC substantially compliant with 115.289.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the auditor's review of the CCCS website and personal knowledge of PREA audits he facilitated at CCCS facilities, all facilities have been audited during each audit cycle. The 2021 BTC Final Report is clearly uploaded onto the website.</p> <p>The narrative cited for 115.401(a) is also relevant to 115.401(b).</p> <p>During the on-site visit, the auditor was not denied access to any area within the facility. He did observe numerous resident rooms, bathrooms, sanitation supply closets, electrical rooms, control center, staff offices, etc.</p> <p>During the pre-audit, on-site, and post-audit phases, the auditor has been granted access to any documentation requested, inclusive of electronic documentation. Much of the requested information has been uploaded into OAS.</p> <p>During the on-site visit, the auditor was provided a conference room where he facilitated both private interviews with staff and residents. At no time throughout the audit process did staff inhibit privacy.</p>

	<p>Throughout the on-site visit, the auditor did note that ample audit notices were posted throughout the facility. Within the audit notice, the auditor's P.O. Box and cell phone number were posted. Residents were not inhibited in terms of communication with the auditor, had they desired to do so. Outgoing mail is not opened and accordingly, confidentiality is maintained.</p> <p>The auditor received zero letters from residents.</p> <p>In view of the above, the auditor finds BTC substantially compliant with 115.401.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>At this juncture, this report is determined to be interim in view of the need for corrective action regarding some standards. As previously noted in the narrative for 115.401, the 2021 BTC Final PREA Report is posted on the CCCS website.</p> <p>Accordingly, the auditor finds BTC substantially compliant with 115.403.</p>



<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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.)	yes
	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.)	yes
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If 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
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the 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
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone 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
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.217</b>	<b>Hiring and promotion decisions</b>	

<b>(f)</b>		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	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.)	
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating 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
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes

<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	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
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	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
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	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)).	
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

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



	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.)	
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.242</b>	<b>Use of screening information</b>	

<b>(f)</b>		
	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
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.251 (b)</b>	<b>Resident reporting</b>	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring 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.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension 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
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party 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
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	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
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	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
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: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
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/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
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	

<b>(h)</b>		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	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.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	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?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

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

	condition of access to programming and other benefits?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do 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
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. 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.)	yes
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	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.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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

<b>(c)</b>		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.287 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.287 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	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



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

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

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