

PREA Facility Audit Report: Final

Name of Facility: Heart River Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 10/01/2024

Date Final Report Submitted: 12/23/2024

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"/>
Auditor Full Name as Signed: DeShane Reed	Date of Signature: 12/23/2024

AUDITOR INFORMATION	
Auditor name:	Reed, DeShane
Email:	dreed@drbconsultinggroup.com
Start Date of On-Site Audit:	07/22/2024
End Date of On-Site Audit:	07/24/2024

FACILITY INFORMATION	
Facility name:	Heart River Correctional Center
Facility physical address:	701 16th Avenue Southwest, Mandan, North Dakota - 58554
Facility mailing address:	

Primary Contact

Name:	Chrissy Sobolik
Email Address:	csobolik@nd.gov
Telephone Number:	701-667-1456

Warden/Jail Administrator/Sheriff/Director	
Name:	Connie Hackman Rivinius
Email Address:	chackman@nd.gov
Telephone Number:	701-253-3609

Facility PREA Compliance Manager	
Name:	Chrissy Sobolik
Email Address:	csobolik@nd.gov
Telephone Number:	(701) 667-1456
Name:	Connie Hackman
Email Address:	chackman@nd.gov
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Name:	Madison Ripplinger

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Telephone Number:	
Name:	Zanthia Hegle-Price
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Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Donnette Weil
Email Address:	djweil@nd.gov
Telephone Number:	701-667-1410

Facility Characteristics	
Designed facility capacity:	58
Current population of facility:	54
Average daily population for the past 12 months:	50
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Womens/girls
Which population(s) does the facility hold? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	20-71
Facility security levels/inmate custody levels:	Minimum

Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	54
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	8
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	31

AGENCY INFORMATION	
Name of agency:	North Dakota Department of Corrections and Rehabilitation
Governing authority or parent agency (if applicable):	
Physical Address:	3100 Railroad Avenue, PO Box 5521, Bismarck, North Dakota - 58501
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Casey Traynor	Email Address:	ctraynor@nd.gov

Facility AUDIT FINDINGS
Summary of Audit Findings

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

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

Number of standards exceeded:

1

- 115.17 - Hiring and promotion decisions

Number of standards met:

44

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:	2024-07-22
2. End date of the onsite portion of the audit:	2024-07-24

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:	I spoke to Abused Adult Resource Center (AARC) regarding their MOU with ND-DOCR. They confirmed the MOU, and its contents related to PREA 115.21 and 115.53. Additionally, I spoke to Sanford Medical Center, who confirmed that they have SANE and SAFE on staff.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	58
15. Average daily population for the past 12 months:	50
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 checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	54
19. 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:	43
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

<p>25. 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:</p>	<p>0</p>
<p>26. 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:</p>	<p>1</p>
<p>27. 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:</p>	<p>0</p>
<p>28. 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:</p>	<p>0</p>
<p>29. 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):</p>	<p>ND-DOCR has not been able to properly document LGB or inmates who disclosed prior victimization. Their current system is limited and needs updating. This is in the works for ND-DOCR.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>30. 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:</p>	<p>50</p>
<p>31. 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:</p>	<p>34</p>

<p>32. 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:</p>	<p>0</p>
<p>33. 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:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>17</p>
<p>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <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 </p>
<p>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>I also pulled inmates from my required samples of inmates per the PREA Auditor's Handbook.</p>
<p>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	17
<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>	
40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	9
41. 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:	2
42. 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:	1

<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor also reviewed the facility's roster, informally and formally interviewed inmates, and asked staff. All responded the same.</p>
<p>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor also observed, reviewed the facility's roster, informally and formally interviewed inmates, and asked staff. All responded the same.</p>
<p>47. 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:</p>	<p>1</p>
<p>48. 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:</p>	<p>2</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor also observed, reviewed the facility's roster, informally and formally interviewed inmates, and asked staff. All responded the same.</p>
<p>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>51. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>19</p>
<p>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>I also pulled from the required "Specialized Staff" within HRCC. Within this above 19 are 7 "Specialized Staff."</p>

<p>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</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>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>7</p>
<p>56. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>58. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>59. Were you able to interview the PREA Compliance Manager?</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>

60. 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
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
63. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.
SITE REVIEW AND DOCUMENTATION SAMPLING	
Site Review	
<p>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>	
64. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>66. 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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>68. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>I tested inmate's access to Adult Abuse Resource Center's (AARC) Victim Advocates and PREA Hotline</p>
<p>Documentation Sampling</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>70. 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?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>I requested sample documentation, while onsite, for many PREA Standard areas, to ensure the OAS submittals were consistent with the evidence onsite.</p>

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.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	3	0	3	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	3	0	3	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	1	0	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	1	0	1	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	1	1	1
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	1	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	1
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	2
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<p>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</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 sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</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 inmate-on-inmate sexual abuse investigation files)</p>
<p>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</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 inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</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 staff-on-inmate sexual abuse investigation files)</p>

<p>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</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 staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</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 sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</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 inmate-on-inmate sexual harassment investigation files)</p>
<p>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</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 inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

96. 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

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

1

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

The audited facility or its parent agency

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

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

Other

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.11. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.11. This auditor reviewed HRCC’s “ND-DOCR Policy #3C-04” and has concluded that it has the necessary language to align with PREA Standard 115.11.</p> <p>While onsite, this PREA auditor also observed, interacted with, and interviewed ND-DOCR’s PREA Coordinator. ND-DOCR’s PREA Coordinator explained that he has the time and support of ND-DOCR’s Director to effectively engage in his role. This auditor also interviewed ND-DOCR’s Director (via ZOOM), who shared that he supports PREA efforts and compliance at each of his facilities. Furthermore, he shared that he and</p>

	<p>ND-DOCR's PREA Coordinator have a direct line of communication with one another regarding PREA related coordination and movement.</p> <p>This auditor also interviewed HRCC's PREA Compliance Manager who explained that HRCC has carved out time within her role to engage in her PREA Compliance Manager's duties. Finally, this auditor reviewed ND-DOCR's Employee Handbook, which stated ND-DOCR's disciplinary process for employees violating ND-DOC's codes of conduct. This auditor also reviewed ND-DOCR's Organizational Chart, which showed ND-DOCR's PREA Coordinator reporting to the Director of Adult Facility Operations for PREA-related duties/efforts.</p> <p>This PREA auditor concludes that HRCC is in compliance with PREA Standard 115.11.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.12. Heart River Correctional Center (HRCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #1B-16 (Contracts and Grants) as evidence of compliance with PREA Standard 115.12. This auditor reviewed HRCC's "ND-DOCR Policy #1B-16" and has concluded that it has the necessary language to align with PREA Standard 115.12.</p> <p>While onsite, this PREA auditor interviewed ND-DOCR's PREA Coordinator and HRCC Deputy Warden. Both shared that ND-DOCR's Central Office contracts team handles the "PREA Language" in the contracts for housing and confinement of ND-DOCR inmates. Heart River Correctional Center (HRCC) also submitted their ND-DOCR contracts with Bizmark Transition Center (BTC), Center Incorporated (CI), Southwest Multi-County Correctional Center (SWMCCC), Community, Counseling and Correctional Services Incorporated (CCCS) and McKenzie County Jail (MCJ) as evidence of compliance with PREA Standard 115.12, for contracting for inmate confinement. Each of the reviewed contracts had the necessary language within them, which identifies the requirements to adopt and comply with PREA Standards. An excerpt and most common language used amongst all the reviewed ND-DOCR contracts read the following:</p> <p><i>"PRISON RAPE ELIMINATION ACT (PREA) CONTRACTOR shall comply with the Prison Rape Elimination Act of 2003 ("PREA"), 42 U.S.C. § 15601 et.seq., and all applicable PREA Standards and DOCR Adult Services Policies related to PREA for the prevention, detection, monitoring, investigation, and eradication of any form of sexual abuse</i></p>

within CONTRACTOR facilities, programs, or offices, whether owned, operated or contracted. This includes the education of staff and offenders, conducting investigations, reporting incidents to DOCR, compiling incident data and aggregate data, and providing incident and aggregate data to DOCR on an annual basis. CONTRACTOR acknowledges that, in addition to its self-monitoring requirements, DOCR will conduct announced or unannounced compliance monitoring, including on-site monitoring. Failure to comply with PREA and applicable PREA Standards and DOCR Policies may result in termination of the contract."

This PREA auditor concludes that HRCC is in compliance with PREA Standard 115.12.

115.13 Supervision and monitoring

Auditor Overall Determination: Meets Standard

Auditor Discussion

This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.13. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3A-03 as evidence of compliance with PREA Standard 115.13. This auditor reviewed HRCC’s “ND-DOCR Policy #3A-03” and concluded that it has the necessary language to align with PREA Standard 115.13.

While onsite, this auditor interviewed HRCC’s PREA Compliance Manager/Deputy Warden and Warden who shared that HRCC complies with the protocol identified in their staffing plan. When call-offs and time-offs occur, HRCC provides coverage through adjusting/rotating on-shift staffing, voluntary, or mandatory overtime. This allows HRCC’s staffing plan and staffing coverage to remain fulfilled. Furthermore, HRCC’s PREA Compliance Manager/Deputy Warden shared that staff could also voluntarily work shifts or switch shifts/dates. This auditor also reviewed HRCC’s “2024 Staffing Plan Review” which documented HRCC’s process of ensuring adequate staffing to protect inmates from sexual abuse. HRCC’s Staffing Plan contains all the components which need consideration when identifying staffing needs.

According to the Staffing Plan report for 2024 regarding staffing deviations, HRCC’s PREA Compliance Manager/Deputy Warden submitted the following: *“During 2023, HRCC had 0 deviations to the staffing plan- (shifts were covered by overtime or covered by other auxiliary staff- if only one scheduled or had a call out).”* Moreover, while onsite, this auditor interviewed the HRCC’s PREA Compliance Manager/Deputy Warden and RTA IIIs (Residential Supervisory Staff), who shared that all movement is supervised due to the campus restrictions. Additionally, supervisory unannounced

	<p>rounds are conducted at least once daily. Intermediate and higher-level staff are required to conduct unannounced rounds at least once weekly and are required to document this in their electronic system called ELITE. While onsite, this auditor also requested and reviewed a randomly selected “Unannounced Supervisory Rounds.” This auditor reviewed multiple unannounced supervisory rounds documented at minimum every 48 hours.</p> <p>Finally, when conducting HRCC’s exhaustive facility site assessment, this auditor observed a constant staff presence with inmates as well as cameras for constant monitoring. Camera recordings are maintained for a period of 30 days.</p> <p>This PREA auditor concludes that HRCC is in compliance with PREA standard 115.13.</p>
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115.14 Youthful inmates	
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA auditor reviewed multiple random selected dates of HRCC facility rosters and counts while onsite. No youthful inmates were present on the rosters. ND-DOCR’s PREA Coordinator and HRCC’s PREA Compliance Manager also shared, and through OAS, that HRCC did not house youthful inmates. The daily counts while this auditor was onsite did not show youthful inmates being housed at HRCC. This auditor also interviewed a random selection of 19 specialized and security staff. Each responded that youthful inmates are not housed at HRCC. This auditor also interviewed a random selection of 27 inmates, selected from HRCC’s daily inmate roster. All 17 interviewed inmates shared that HRCC did not house youthful inmates. During this auditor’s exhaustive site assessment, this auditor informally asked multiple inmates if there were inmates under 18 housed at HRCC. Each response was similar, stating that there were no inmates under 18 years old at this facility.</p> <p>This PREA auditor concludes that HRCC is in compliance with PREA Standard 115.14.</p>

115.15 Limits to cross-gender viewing and searches	
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard</p>

115.15. Heart River Correctional Center (HRCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3A-06 and 3C-09 as evidence of compliance with PREA Standard 115.15. This auditor reviewed HRCC's "ND-DOCR Policies #3A-06 and 3C-09," concluding that they have the necessary language to align with PREA Standard 115.15.

HRCC is an all-female inmate prison. While on-site, this PREA auditor interviewed 17 randomly selected inmates. This auditor asked, "*Which gender staff pat down/frisk search inmates?*" There were 17 out of 17 inmates who shared that only female staff pat-down/frisk search inmates. There were no transgender inmates during the audit period. This auditor then asked, "*Which gender of staff conducts strip/unclothed searches inmates?*" Each interviewed inmate verified that staff of the same gender conducts strip/unclothed searches unless the inmate is transgender stating, "*Transgender inmates choose the gender of staff they feel most comfortable.*"

While onsite, this auditor interviewed a random selection of 12 HRCC security staff and asked, "Which gender staff pat-down/frisk searches a transgender or intersex?" There were consistent responses from the 10 out of 12 interviewed security staff that "The transgender selects which gender staff they feel most comfortable being pat searched by." This is then documented in the "Elite" system. The 2 out of 12 staff shared that female staff with supervision would pat search. All 12 out of 12 interviewed security staff agreed that strip searches are conducted by same gender staff, or the preferred gender of the transgender/intersex inmate. This auditor also requested the training of all 12 interviewed security staff. HRCC provided each staff's "Learner's Transcripts," as evidence showing that all interviewed HRCC security staff were up to date on their "PREA" and "Body Search Clothed and Unclothed" trainings.

During this auditor's interview of a 17 randomly selected inmates, this auditor asked, "*Do you feel like you have enough privacy to shower change your clothing, or use the toilet without non-medical staff/someone of the opposite gender viewing you?*" There were 16 of the 17 randomly selected interviewed inmates who shared that they do feel that they have enough privacy to shower, use toilet, perform bodily functions, and get dressed without being viewed by non-medical staff of the opposite gender. When this auditor asked, "*Do staff of the opposite gender announce themselves prior to entering your housing units?*" There were 17 of the 17 randomly selected interviewed inmates who shared that male staff "Always" announce when entering sleeping and bathroom quarters.

This auditor observed signage posted near HRCC's housing units stating, "*ATTENTION, All gender of staff work in this area.*" During this auditor's interview with the randomly selected 12 security staff and asked if male staff announce prior to entering inmate sleeping dormitory areas. Each staff shared similar responses stating that at the beginning of the day/shift they make a one time "*all gender announcement,*" stating, "*All genders working this shift.*" Male staff interviewed shared that they ensure that an additional verbal announcement is made when they are doing rounds in the housing areas.

ND-DOCR's #3C-09 policy states, "*Staff of the opposite gender of an adult in custody*

	<p><i>housing unit shall announce “Female on the Floor” (NDSP/JRCC/MRCC)/ “Male on Floor” (HRCC) when entering an adult in custody’s housing unit where adults in custody may be seen using the shower, toilet, or in different stages of undress.”</i></p> <p>During this auditor’s site assessment, this auditor did observe male and female staff walking around the housing units, as well as entering the inmate’s sleeping dorms announcing their presence. This auditor noted that an initial opposite gender announcement at the start of each shift is made stating aloud, <i>“All gender staff will be working this unit this shift.”</i> Thereafter, the inmates are expected to remember that opposite gender staff are present and could walk through their sleeping quarters without pre-announcing during unannounced tours.</p> <p>This PREA auditor concludes that HRCC is in compliance with PREA standard 115.15.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.16. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #4B-06 as evidence of compliance with PREA Standard 115.16. Additionally, HRCC shared that their policy 2A.03, “Policy for Provision of Auxiliary Aids and Services for Communication with People with Disabilities” provides guidance and procedures to ND-DOCR staff for providing meaningful access for those inmates with disabilities. This auditor reviewed HRCC’s “ND-DOCR Policies #4B-06” and 2A-03, concluding that both have the necessary language to align with PREA Standard 115.16.</p> <p>While on site, this auditor interviewed a random selection of 12 security staff. Each staff shared that there is a language service for interpretation and knew where and how to access the telephone number/information in case it was needed. Also, 10 out of the 12 interviewed security staff knew that there was access to services for blind or hearing-impaired inmates. They stated that the use of other inmates to translate is infrequently used. Finally, this auditor interviewed 5 randomly selected visually, auditorily, and physically disabled inmates. There were no Limited English Proficient (LEP) inmates at the time of the audit. The interviewed inmates were able to share that the HRCC staff ensure that they receive and understand PREA information by utilizing auxiliary aids. This auditor interviewed two case managers who shared that they utilize “<i>On Demand Remote Interpreting and Document Translation</i>” services as HRCC’s primary language interpretation service for inmates with disabilities (as</p>

	<p>needed).</p> <p>Additionally, this auditor also interviewed ND-DOCR’s PREA Coordinator and HRCC’s PREA Compliance Manager/Deputy Warden. Both shared that HRCC provide translation/interpretation to non-English speaking inmates through “<i>Language Link</i>.” This auditor later contacted the “Language Link” number (360-433-0401), provided HRCC’s account and department number, and was allowed to speak to an interpreter of the language of choice. This auditor also observed PREA reporting postings in English and Spanish. This auditor observed PREA reporting boxes, sick call boxes, medical, grievance, mailboxes, and other written communicative avenues for an inmate to report PREA at HRCC was in English and Spanish.</p> <p>This PREA auditor concludes that HRCC is in compliance with PREA standard 115.16.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.17. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policies and Procedures #1C-09 and 1C-11 as evidence of compliance with PREA Standard 115.17. This auditor reviewed HRCC’s “ND-DOCR’s Policies #1C-09 and 1C-11,” concluding that both have the necessary language to align with PREA Standard 115.17.</p> <p>While on sight, this PREA auditor interviewed ND-DOCR’s Human Resource (HR) Manager and HR Coordinator, who identified that ND-DOCR conducts background checks on all employees and contractors during their 5-year background screenings. Additionally, ND-DOCR’s Human Resources Manager and HR Coordinator shared that background screenings include NCIC, Sex Offender Registry, VCIS (FBI Prints), and Elite Checks. They also added a new background check called the “<i>Determination of Sustainability with Interaction with Minors</i>” for prior sexual and sex offender registry histories.</p> <p>This auditor randomly selected 12 employee files. This auditor’s random selection consisted of employees of various years of service. Three of the 12 selected employee files were staff who were promoted. The reviewed files also entailed PREA-related pre-employment screenings, local and national background check verifications, and affirmative duty to disclose. Twelve of the 12 files had all the checks and screenings, aligning with 115.17. Finally, each year all ND-DOCR employees receive annual performance reviews. Each annual review has 3 PREA reaffirming</p>

	<p>acknowledgement zero tolerance questions for employees to complete.</p> <p>This PREA auditor concludes that HRCC exceeds compliance with PREA standard 115.17.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.18. Heart River Correctional Center (HRCC) reported some facility upgrades in the OAS. They reported installing three new cameras in August 2023 in the recreation yard.</p> <p>Furthermore, HRCC has not acquired a new facility or made a substantial expansion to existing facilities since their last PREA Audit, however, the North Dakota Legislative session approved their new women’s facility to be completed by the Fall of 2027. During the interview with the Agency Director, he confirmed the plans to build a new facility and that they are in the design phase. He further stated that the building design keeps PREA, staff safety and inmate safety in mind when considering its design.</p> <p>This PREA auditor concludes that HRCC is in compliance with PREA standard 115.18.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.21. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #1A-27 as evidence of compliance with PREA Standard 115.21. This auditor reviewed HRCC’s “ND-DOCR Policy #1A-27” and has concluded that it has the necessary language to align with</p>

	<p>PREA Standard 115.21.</p> <p>While on site, this auditor interviewed a random selection of 17 HRCC inmates. When asked about their knowledge of outside victim advocacy services provided for sexual abuse victims at HRCC, there were 17 out of 17 inmates who knew that there were advocacy services available for inmate victims of sexual abuse. This auditor also interviewed a random selection of 12 HRCC security staff. This auditor shared a scenario with each security staff. This auditor shared a scenario of a sexual assault occurring in the shower area, where the victim immediately runs out and reports the assault to the security staff. Each knew their responsibilities if they were first to be informed, notified, or observe sexual abuse/sexual harassment of an inmate. All 12 interviewed security staff also shared their duties to preserve the potential crime scene of the scenario.</p> <p>This auditor also reviewed ND-DOCR's Memorandum of Understanding (MOU) with "North Dakota Highway Patrol" to provide criminal investigations and confidential inmate sexual abuse reporting. This auditor also reviewed HRCC's MOU with the "Abused Adult Resource Center (AARC)" to offer all HRCC victims' access to the PREA hotline, victim advocacy services, and emotional support for sexual abuse victims. The MOU has been open ended since 11/1/2021 stating, <i>"Any party may terminate this agreement at any time, upon giving written notice to the others."</i></p> <p>This auditor also interviewed HRCC's Medical Director who shared that they are aware of the MOU HRCC has with Sanford Hospital as their primary community hospital and the Adult Abuse Resource Center for victim advocacy services. They also shared that HRCC transports victim inmates to Sandford for SANE/SAFE. This auditor observed the posting of the victim advocacy telephone number posted on Zero Tolerance signage within the facility. This auditor was able to make contact with AARC's representative to verify collaboration with HRCC for victim advocacy.</p> <p>This PREA auditor concludes that HRCC is in compliance with PREA standard 115.21.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.22. Heart River Correctional Center (HRCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #1A-27 as evidence of compliance with PREA Standard 115.22. This auditor reviewed HRCC's "ND-DOCR Policy #1A-27" and has concluded that it has the necessary language to align with</p>

	<p>PREA Standard 115.22.</p> <p>While onsite, this auditor also interviewed 2 Administrative PREA Investigator. This auditor shared a scenario of an inmate running out of the shower and immediately reports to staff that another inmate sexually assaulted them. She was able to share first responders and evidence preservation, and reporting protocols. Additionally, HRCC’s investigator shared her investigating procedures/responsibilities when a sexual abuse allegation is assigned to them. This auditor reviewed “ND-DOCR’s Coordinated Response Plan,” which aligned with HRCC’s PREA Investigator’s responses. This auditor interviewed a random selection of 19 HRCC specialized and security staff, 19 of 19 responded accurately and confidently their knowledge as first responders’ duties and coordinated response responsibilities if a sexual abuse incident is reported, observed, or knowledge gained.</p> <p>Finally, this auditor reviewed ND-DOCR’s MOU with North Dakota Highway Patrol (NDHP), which identifies that NDHP is responsible for conducting PREA criminal investigations. This auditor also reviewed the “North Dakota Highway Patrol Criminal Investigation Manual.” This manual describes the NDHP’s responsibilities when conducting criminal investigations. Finally, this auditor reviewed ND-DOCR’s website and viewed their investigative responsibilities for ALL allegations of sexual abuse.</p> <p>This PREA auditor concludes HRCC is in compliance with PREA standard 115.22.</p>
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.31. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #1D-03 as evidence of compliance with PREA Standard 115.31. This auditor reviewed HRCC’s “ND-DOCR Policy #1D-03” and has concluded that it has the necessary language to align with PREA Standard 115.31.</p> <p>While onsite, this PREA interviewed 19 randomly selected security staff, specialized, support, volunteer, and contractors. Each acknowledged receiving PREA New Hire and/or PREA refresher training. Each knew their responsibilities as first responders and their coordinated duties. This auditor also requested to view the training files of each of the 19 randomly selected interviewed staff, to verify up-to-date annual PREA training. HRCC’s PREA Compliance Manager/Deputy Warden provided each staff’s “<i>Learner’s Transcripts,</i>” as evidence showing that all interviewed HRCC staff were up</p>

	<p>to date on their “<i>PREA New Hire and/or PREA Refresher</i>” trainings. HRCC’s electronic training “<i>Learner’s Transcripts</i>” entailed the staff’s name, name of the training course, the training type, and the date of training completion. The training tracking spreadsheet showed each staff’s training verification of attending. This auditor also reviewed the classroom in-person Power Point training curriculum, PREA Staff Training Lesson Plan, and web-based bi-annual refresher training curriculum used to train employees, contractors, and volunteers. The Power Point, lesson plan and web-based training covered the components identified in PREA Standard 115.31.</p> <p>This PREA auditor concludes HRCC is in compliance with PREA standard 115.31.</p>
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115.32	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.32. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #1D-03 and #3C-04 as evidence of compliance with PREA Standard 115.32. This auditor reviewed HRCC’s “ND-DOCR Policies #1D-03” and #3C-04, concluding that both have the necessary language to align with PREA Standard 115.32.</p> <p>While onsite, this auditor interviewed HRCC’s PREA Compliance Manager, who shared that all unsupervised volunteers and contractors receive background checks, PREA training, and sign acknowledgement forms. She also shared that contractors are always supervised by HRCC staff. This auditor did observe staff supervision in the medical and mental health care contractor locations.</p> <p>This auditor also requested, received, and viewed the training acknowledgement and documentation of the 4 randomly selected volunteer and 2 randomly selected contractors. Each acknowledgement and documentation reviewed was up to date with PREA training. Additionally, ND-DOCR’s HRCC’s PREA Compliance Manager submitted HRCC’s “<i>PREA Contractor/Volunteer Training Lesson Plan</i>” and an example “<i>Contractor/Volunteer Acknowledgement Form.</i>” The lesson plan and acknowledgement form covered the components identified in PREA Standard 115.31 and 115.32.</p> <p>This PREA auditor concludes HRCC is in compliance with PREA standard 115.32.</p>

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.33. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #4A-01 and #4B-06 as evidence of compliance with PREA Standard 115.33. Additionally, HRCC shared that their policy #2A.03, “Policy for Provision of Auxiliary Aids and Services for Communication with People with Disabilities” provides guidance and procedures to ND-DOCR staff for providing meaningful access for those inmates with disabilities. This auditor reviewed HRCC’s “ND-DOCR Policies #4A-01,” #4B-06, and #2A-03, concluding that all have the necessary language to align with PREA Standard 115.33.</p> <p>While onsite, this auditor interviewed 2 HRCC PREA Education Trainers. Both Staff Trainers shared that intakes occur every Wednesday. At this time, inmates are given a PREA pamphlet upon arrival at intake. They also shared that they provide inmate education every 2-3 weeks and go over the following information: 1) PREA Video 2) Inmate Rights 3) Two-step grievance process and each participant complete a PREA quiz to measure knowledge of information received. Both further shared that inmates at HRCC first receive their PREA Education at the Dakota Women’s Correctional and Rehabilitation Center which is the central inmate intake location for women. The HRCC PREA Compliance Manager/Deputy Warden also shared that each cottage conducts Monthly PREA Meetings with all the inmates to discuss ways to report, what not to do, what to do and zero tolerance rules within the facility. This is a proactive way to ensure that inmates remain safe from sexual harassment and abuse.</p> <p>This auditor also interviewed a random selection of 17 HRCC inmates. There were 17 of 17 who reported that they did receive PREA Information at Intake. Furthermore, there were 17 out of 17 inmate who reported receiving Comprehensive PREA Education within 30 days.</p> <p>This PREA auditor concludes that HRCC is in compliance with PREA standard 115.33.</p>

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit

	<p>evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.34. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #1D-03 as evidence of compliance with PREA Standard 115.34. This auditor reviewed HRCC’s “ND-DOCR Policy #1D-03” and has concluded that it has the necessary language to align with PREA Standard 115.34.</p> <p>This PREA auditor also reviewed ND-DOCR’s 11 module “<i>Specialized Investigator’s Training and Agenda</i>” conducted by the North Dakota Law Enforcement & Training Academy in OAS, as evidence of compliance. Each Module contained 10-25 Power Point slides covering topics related to PREA’s investigation standards. This auditor also interviewed 3 randomly selected HRCC administrative PREA investigators and HRCC’s PREA Compliance Manager (who is also a PREA Investigator). All three knew their responsibilities in, evidence collection, Miranda/Garrity rights, interviewing procedures, understanding victim trauma, and investigation report-writing protocols. Each investigator identified the specialized training they received regarding investigating sexual abuse in confinement facilities. This auditor also reviewed 3 interviewed PREA investigator’s training transcript, submitted by HRCC’s PREA Compliance Manager. These training transcripts verified the specialized training of all three HRCC PREA investigators.</p> <p>This PREA auditor concludes that HRCC is in compliance with PREA standard 115.34.</p>
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115.35	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.35. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #1D-03 as evidence of compliance with PREA Standard 115.35. This auditor reviewed HRCC’s “ND-DOCR Policy #1D-03” and has concluded that it has the necessary language to align with PREA Standard 115.35.</p> <p>While onsite, this PREA auditor also interviewed HRCC’s Medical Director, Nursing Staff and Treatment Staff. Each staff identified the training they received regarding effective and professional responding to sexual abuse victims, evidence preservation,</p>

	<p>reporting procedures, and forensic examination protocols. All knew their coordinated response responsibilities if an inmate is sexually abused at HRCC. This auditor also reviewed HRCC <i>“PREA Health Care Standards”</i> curriculum, which is used to train new medical and mental health staff. This auditor also noted that each staff member had the NIC Training, <i>“Behavioral Healthcare for Sexual Assault Victims in a Confinement Setting.”</i> This auditor also reviewed HRCC’s Treatment Coordinator, Director of Nursing, and Case Manager’s training transcript, submitted by HRCC PREA Compliance Manager. These training transcripts verified the specialized training the entire HRCC medical and mental health staff received. HRCC’s Medical and Mental Health team received training through ND-DOCR classroom training or web-based training through the National Institute of Corrections (NIC).</p> <p>This PREA auditor concludes that HRCC is in compliance with PREA standard 115.35.</p>
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115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.41. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.41. This auditor reviewed HRCC’s “ND-DOCR Policy #3C-04” and concluded that it has the necessary language to align with PREA Standard 115.41.</p> <p>While on site, this auditor interviewed HRCC’s Treatment Coordinator, 2 HRCC Case Managers, and 2 HRCC Unit Managers. Through these various interviews, this PREA auditor gathered that from the Unit Manager that prior to an inmate’s arrival to HRCC, the rating score is noted. A Residential Treatment Agent (RTA) completes the initial intake housing assessment/placement and assigns bedding location. The RTA III Supervisor shared that each housing unit has an assigned Case Manager who completes the “24-hour PREA Transfer Screening.”</p> <p>HRCC’s “24-hour PREA Transfer Screening” consists of 5 PREA transfer screening questions, which were approved by this PREA Auditor’s recommendation from another ND-DOCR facility’s audit. However, when this auditor reviewed HRCC’s “30-day PREA Transfer Reassessment Screening,” there were only the 3 original PREA screening questions, which were deemed non-compliant at ND-DOCR’s previous facility’s PREA Audit.</p> <p>Additionally, though, this PREA Standard does not require “Annual PREA Screening</p>

Assessments” to be conducted (only event-based, new information, or new reports), ND-DOCR’s HRCC’s Case Managers are assigned to complete “Annual PREA Screening Assessments.” During this auditor’s interview with HRCC’s Case Manager and Unit Managers, they shared that this is a ND-DOCR wide procedure. This auditor is not concerned with the addition of this annual risk screening. Rather, this auditor is concerned that the Case Manager shared that during these “Annual PREA Screening Assessments,” a Potential Victim, Potential Aggressor, Known Victim, or Known Aggressor risk status can be re-classified/changed down, as far as being placed on “Unrestricted” risk status.

This auditor also reviewed an excerpt from “ND-DOCR Policy #3C-04” related to “Annual PREA Risk Reassessments” which states, *“This form will also be utilized to conduct reassessments annually by an assigned case manager or designee at the same time the facility resident undergoes custody level reclassification. A reassessment should also be completed when there is a triggering event such as a substantial PREA related incident or the facility resident self-discloses an act of sexual predation or victimization. This auditor understands that a PREA risk score/status can be increased by new sexual abuse event occurrence, new information received, or a new/report of sexual victimization/perpetration received. However, the PREA-related risk score should not be decreased based on institutional “good behavior.”* Though this may be a practice within a facility’s custody level classification and reclassification system, PREA risk screening does not entail behavioral based incentives, which could allow an inmate to be classified down based on their behavior within the institution. The results from the exhaustive “Initial PREA Risk Screening” (at NDSP), which identifies an inmate’s initial risk status (Potential Victim, Potential Aggressor, Known Victim, or Known Aggressor, Unrestricted) are at minimum unchangeable (could increase). The “Initial PREA Risk Screening” score/status remains the same, and any reassessments/re-screenings are purposed for reaffirming current information and considering newly received information, not reclassifying an inmate down from their risk status.

Finally, during this auditor’s interview with HRCC’s Case Manager, she informed that “PREA 30-Day Reassessments” are being done consistently by case managers. When requested the 30-day PREA Reassessments of the 17 interviewed inmates, this auditor received 15 out of 17 and noted that one inmate had just arrived at the facility and the other inmate was not due to have the assessment until the next day. This auditor reviewed ND-DOCR’s “PREA Rating Assessment Manual” which stated the following regarding “PREA Risk 30-day Reassessments,” *“This reassessment is due within 30 days of arrival after an inter-department transfer. This should be completed no sooner than seven days after the resident has arrived at the facility.”*

This auditor recommended that going forward, HRCC Case Managers rescreen inmates if an event occurs while at HRCC or if new sexual victimization/perpetration is received or staff becomes aware of it. This auditor also recommended all ND-DOCR Transfer/Leave, 24-hour, 30-day, and Annual PREA Risk Screenings utilize the same format of reaffirming questions. Examples of the screening tool’s questions should be the following:

1. *History of being a victim of predatory or aggressive sexual actions in an institutional setting?*
2. *Verbalize fear for personal safety or sexual victimization?*
3. *History of institutional predatory behavior, including jail, since your last PREA Assessment?*
4. *Would you like to share any additional information that you did not share during your previous screening?*
5. *Have you reported or would like to report an incident of sexual abuse or sexual harassment that occurred since your previous screening?*

Finally, this auditor recommended that ND-DOCR and HRCC either discontinue using their “Annual PREA Risk Screening” or cease reclassifying down an inmate’s initial PREA Risk score/status because the inmate’s risk of institutional violence decreased on their classification assessment. This PREA auditor concluded that HRCC was not in compliance with PREA standard 115.41. Corrective Action was required.

During HRCC’s Corrective Action Period (CAP), this auditor conducted a meeting and engaged in a series of email correspondence with ND-DOCR’s PREA Coordinator and HRCC’s PREA Compliance Manager (PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, HRCC’s PREA Compliance Manager (PCM) submitted their revised “PREA Transfer Screening” and “30-Day PREA Reassessment Screening,” as evidence of compliance. HRCC’s revised “PREA Transfer Screening” and “30-Day PREA Reassessment Screening” were aligned which carried over the inmate’s status from their initial intake screening, asked the same 7 reaffirming questions allow the inmate to voluntary share new information, and capture any updated responses/ information obtained.

Additionally, ND-DOCR’s PC submitted a “Memo” to all PCMs at all facilities to cease conducting annual PREA reassessments on all ND-DOCR inmates, due to it not being required by PREA Standard 115.41. An excerpt from ND-DOCR’s PC states, “We are required to conduct an initial PREA assessment at intake, a PREA reassessment within 30 days of the initial assessment at intake, a transfer PREA assessment if an individual is moved to a different facility, and a PREA reassessment within 30 days of the individual’s initial assessment at transfer.” Finally, HRCC submitted the ND-DOCR’s “PREA Allegation Investigation Checklist,” which PREA Investigator’s section shows a requirement to re-screen the perpetrator and victim. This checklist section states, “Notify Case Manager assigned to both perpetrator and victim of substantiated OR unsubstantiated PREA investigations (this will initiate a PREA re-screen on both parties).”

This PREA auditor concludes that HRCC is in compliance with PREA standard 115.41.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard

Auditor Discussion

This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.42. Heart River Correctional Center (HRCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.42. This auditor reviewed HRCC's "ND-DOCR Policy #3C-04" and has concluded that it has the necessary language to align with PREA Standard 115.42.

While on site, this auditor interviewed 17 randomly selected inmates. There were no transgender inmates at the time of the onsite audit. During the interview with the PCM/Deputy Warden and Case Managers, each shared that they would housing decisions for transgender inmates are made on a case-by-case basis. Additionally, they shared that case managers and the Treatment Coordinator would provide regular follow up. Further, they shared that transgender inmates would be allowed to shower at different times and that their own perception of safety is seriously considered.

This auditor interviewed HRCC's Treatment Coordinator, 2 HRCC Case Managers, and 2 HRCC Unit Managers. Through these various interviews, this PREA auditor gathered that from the Unit Manager that prior to an inmate's arrival to HRCC, the rating score is noted. A Residential Treatment Agent (RTA) completes the initial intake housing assessment/placement and assigns bedding location. The RTA III Supervisor shared that each housing unit has an assigned Case Manager who completes the "24-hour PREA Transfer Screening."

HRCC's "24-hour PREA Transfer Screening" consists of 5 PREA transfer screening questions, which were approved by this PREA Auditor's recommendation from another ND-DOCR facility's audit. However, when this auditor reviewed HRCC's "30-day PREA Transfer Reassessment Screening," there were only the 3 original PREA screening questions, which were deemed non-compliant at ND-DOCR's previous facility's PREA Audit.

Additionally, though, this PREA Standard does not require "Annual PREA Screening Assessments" to be conducted (only event-based, new information, or new reports), ND-DOCR's HRCC's Case Managers are assigned to complete "Annual PREA Screening Assessments." During this auditor's interview with HRCC's Case Manager and Unit Managers, they shared that this is a ND-DOCR wide procedure. This auditor is not concerned with the addition of this annual risk screening. Rather, this auditor is concerned that the Case Manager shared that during these "Annual PREA Screening Assessments," a Potential Victim, Potential Aggressor, Known Victim, or Known Aggressor risk status can be re-classified/changed down, as far as being placed on "Unrestricted" risk status.

This auditor also reviewed an excerpt from "ND-DOCR Policy #3C-04" related to

"Annual PREA Risk Reassessments" which states, *"This form will also be utilized to conduct reassessments annually by an assigned case manager or designee at the same time the facility resident undergoes custody level reclassification. A reassessment should also be completed when there is a triggering event such as a substantial PREA related incident or the facility resident self-discloses an act of sexual predation or victimization."* This auditor understands that a PREA risk score/status can be increased by new sexual abuse event occurrence, new information received, or a new/report of sexual victimization/perpetration received. However, the PREA-related risk score should not be decreased based on institutional *"good behavior."* Though this may be a practice within a facility's custody level classification and reclassification system, PREA risk screening does not entail behavioral based incentives, which could allow an inmate to be classified down based on their behavior within the institution. The results from the exhaustive *"Initial PREA Risk Screening"* (at NDSP), which identifies an inmate's initial risk status (Potential Victim, Potential Aggressor, Known Victim, or Known Aggressor, Unrestricted) are at minimum unchangeable (could increase). The *"Initial PREA Risk Screening"* score/status remains the same, and any reassessments/re-screenings are purposed for reaffirming current information and considering newly received information, not reclassifying an inmate down from their risk status.

Finally, during this auditor's interview with HRCC's Case Manager, she informed that *"PREA Risk 30-Day Reassessments"* are being done consistently by case managers. When requested the 30-day PREA Reassessments of the 17 interviewed inmates, this auditor received 15 out of 17 and noted that one inmate had just arrived at the facility and the other inmate was not due to have the assessment until the next day. This auditor reviewed ND-DOCR's *"PREA Rating Assessment Manual"* which stated the following regarding *"PREA Risk 30-day Reassessments,"* *"This reassessment is due within 30 days of arrival after an inter-department transfer. This should be completed no sooner than seven days after the resident has arrived at the facility."*

This auditor recommended that going forward, HRCC Case Managers rescreen inmates if an event occurs while at HRCC or if new sexual victimization/perpetration is received or staff becomes aware of it. This auditor also recommended all ND-DOCR Transfer/Leave, 24-hour, 30-day, and Annual PREA Risk Screenings utilize the same format of reaffirming questions. Examples of the screening tool's questions should be the following:

1. *History of being a victim of predatory or aggressive sexual actions in an institutional setting?*
2. *Verbalize fear for personal safety or sexual victimization?*
3. *History of institutional predatory behavior, including jail, since your last PREA Assessment?*
4. *Would you like to share any additional information that you did not share during your previous screening?*
5. *Have you reported or would like to report an incident of sexual abuse or sexual harassment that occurred since your previous screening?*

	<p>Finally, this auditor recommended that ND-DOCR and HRCC either discontinue using their “Annual PREA Risk Screening” or cease reclassifying down an inmate’s initial PREA Risk score/status because the inmate’s risk of institutional violence decreased on their classification assessment. This PREA auditor concluded that HRCC was not in compliance with PREA standard 115.42. Corrective Action was required.</p> <p>During HRCC’s Corrective Action Period (CAP), this auditor conducted a meeting and engaged in a series of email correspondence with ND-DOCR’s PREA Coordinator and HRCC’s PREA Compliance Manager (PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, HRCC’s PREA Compliance Manager (PCM) submitted their revised “<i>PREA Transfer Screening</i>” and “<i>30-Day PREA Reassessment Screening</i>,” as evidence of compliance. HRCC’s revised “<i>PREA Transfer Screening</i>” and “<i>30-Day PREA Reassessment Screening</i>” were aligned which carried over the inmate’s status from their initial intake screening, asked the same 7 reaffirming questions allow the inmate to voluntary share new information, and capture any updated responses/ information obtained.</p> <p>Additionally, ND-DOCR’s PC submitted a “Memo” to all PCMs at all facilities to cease conducting annual PREA Reassessments on all ND-DOCR inmates, due to it not being required by PREA Standard 115.41. An excerpt from ND-DOCR’s PC states, “<i>We are required to conduct an initial PREA assessment at intake, a PREA reassessment within 30 days of the initial assessment at intake, a transfer PREA assessment if an individual is moved to a different facility, and a PREA reassessment within 30 days of the individual’s initial assessment at transfer.</i>” Finally, HRCC submitted the ND-DOCR’s “<i>PREA Allegation Investigation Checklist</i>,” which PREA Investigator’s section shows a requirement to re-screen the perpetrator and victim. This checklist section states, “<i>Notify Case Manager assigned to both perpetrator and victim of substantiated OR unsubstantiated PREA investigations (this will initiate a PREA re-screen on both parties).</i>”</p> <p>This PREA auditor concludes that HRCC is in compliance with PREA standard 115.42.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.43. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3A-18 and</p>

Coordinated Response Plan” as evidence of compliance with PREA Standard 115.43. An excerpt from ND-DOCR’s Policy and Procedures #3A-18 states, “Generally, adults in custody who require separation and protective custody should not be placed in restrictive housing. c. Adults in custody are admitted and placed on protective custody status only when there is documentation that protective custody is warranted, and no other reasonable options are available. The chief of security is responsible for ensuring a full investigation is completed on all protective custody requests made by adults in custody or staff. In emergent cases, the shift supervisor may place an adult in custody in the segregation unit until the case is reviewed by the Warden.” An excerpt from ND-DOCR’s Coordinated Response Plan states, “*Adults in custody at high-risk for sexual victimization may not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made there is no available alternative means of separation from likely abusers. If an assessment cannot be completed immediately, the adult in custody may be held in involuntary segregated housing for less than 24 hours while assigned staff completes the assessment. If an involuntary segregated housing assignment is made, the case manager shall clearly document in ELITE the basis for the concern for the person’s safety and the reason why no alternative means of separation can be arranged.*

Adults in custody placed in involuntary segregated housing for this purpose shall have access to their normal programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document any opportunities that have been limited, the duration of the limitation, and the reasons for any limitations.

Adults in custody may only be assigned to involuntary segregated housing until an alternative means of separation from likely abusers can be arranged. The assignment may not ordinarily exceed a period of 30 days. Efforts must be made to keep the victim in the victim’s normal housing unit to prevent re-traumatization.

Every seven days for the first two months and then 30 days thereafter, the Administrative Segregation review team shall afford each resident a review to determine whether there is a continuing need for separation from the general population.” After review of HRCC’s “ND-DOCR Policy #3A-18 and Coordinated Response Plan,” this auditor has concluded that it has the necessary language to align with PREA Standard 115.43.

While on site, this auditor interviewed HRCC’s PREA Compliance Manager/Deputy Warden and Warden. Each were consistent that involuntary protective custody/segregation is not primarily used at HRCC as a result of the screening tool who are identified “Known Victim” or “Potential Victim.” Additionally, while onsite, this auditor conducted an exhaustive onsite assessment and did not identify any inmates in segregated housing for PREA Risk purposes. This auditor also interviewed 17 randomly selected inmates. Each of the 17 interviewed inmates shared that HRCC does not primarily house inmates who are at high risk of victimization in segregated housing.

This PREA auditor concludes that HRCC is in compliance with PREA standard 115.43.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.51. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Facility Handbook, Website Reporting Page, and Coordinated Response Plan” as evidence of compliance with PREA Standard 115.51. When this staff reviewed the ND-DOCR’s Facility Handbook, Website Page, and Coordinated Response Plan, each shared 8-9 different ways to report a sexual abuse or sexual harassment allegation. This auditor concludes that “ND-DOCR’s Facility’s Handbook, Website Page and Coordinated Response Plan” has the necessary language to align with PREA Standard 115.51.</p> <p>This PREA auditor interviewed a random selection of 17 HRCC inmates asking, “Please share with me at least four different ways an inmate can report an incident of sexual abuse or sexual harassment?” There were 17 of 17 who could share 3 to 4 ways, in which many inmates reported verbal and written avenues. There were also 14 out of 17 who knew that there was access to an external confidential hotline reporting.</p> <p>When this auditor conducted an exhaustive site assessment, this auditor observed that the PREA reporting signage throughout the facility was in English and Spanish. This auditor attempted to call the external hotline number. It was operable and went to “Abused Adult Resource Center (AARC)” This auditor spoke to the “AARC” representative, who shared that their agency provides victim advocacy services to HRCC, as well as serves as an external confidential reporting for HRCC inmates. Finally, AARC’s representative shared that if they receive a confidential report, they document, then forward reports to HRCC’s PCM and to the "North Dakota Highway Patrol" (if needed).</p> <p>This PREA auditor concludes that HRCC is in compliance with PREA standard 115.51.</p>

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site</p>

	<p>documents/files reviewed and observations to determine compliance for Standard 115.52. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-10 as evidence of compliance with PREA Standard 115.52. This auditor reviewed HRCC’s “ND-DOCR Policy #3C-10” and it states, <i>“Although the Department allows allegations of sexual abuse to be submitted on a grievance form for investigation, the Department does not have grievance procedures to address allegations of inmate sexual abuse. If an allegation of sexual abuse is reported on a grievance form, it must be removed from the grievance process and processed under the PREA policy as though it were submitted using another permitted method.”</i> This auditor has concluded that “ND-DOCR Policy #3C-10” has the necessary language to align with PREA Standard 115.52.</p> <p>While onsite, this PREA interviewed HRCC’s Warden, PREA Compliance Manager/ Deputy Warden, and ND-DOCR’s PREA Coordinator. Each shared that although the ND-DOCR allows allegations of sexual abuse to be submitted on a grievance form for investigation, the Department does not have grievance procedures to address allegations of inmate sexual abuse. Heart River Correctional Center (HRCC) also submitted their <i>“North Dakota Corrections and Rehabilitation (ND-DOCR) Facility Handbook, Website Reporting Page, and Coordinated Response Plan”</i> as evidence of compliance. When this auditor reviewed the ND-DOCR’s Facility Handbook, Website Page, and Coordinated Response Plan, each shared that submitting <i>“a grievance form”</i> as one of the 8-9 different ways to report a sexual abuse or sexual harassment allegation. When this PREA auditor also interviewed a random selection of 17 HRCC inmates asking, <i>“Please share with me at least four different ways an inmate can report an incident of sexual abuse or sexual harassment?”</i> There was 14 out of 17 interviewed inmates who shared multiple written ways to report through the <i>“PREA Notice”</i> form, <i>“Resident Request”</i> form and <i>“Resident Grievance”</i> form. All forms are accepted and reviewed promptly.</p> <p>This PREA auditor concludes that HRCC is in compliance with PREA standard 115.52.</p>
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.53. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Resident Orientation Information and Coordinated Response Plan” as evidence of compliance with PREA Standard 115.53.</p>

	<p>When this staff reviewed the ND-DOCR’s Facility Handbook and Coordinated Response Plan. This auditor concludes that “ND-DOCR’s Resident Orientation Information and Coordinated Response Plan” has the necessary language to align with PREA Standard 115.53.</p> <p>While on site, this auditor interviewed a random selection of 17 HRCC inmates. When asked about their knowledge of outside victim advocacy services provided for sexual abuse victims at HRCC and for emotional support, there were 17 out of 17 inmates who did know that there were advocacy services available for inmate victims of sexual abuse, as well as emotional support. This auditor also interviewed a random selection of 12 HRCC security staff. This auditor shared a scenario with each security staff. This auditor shared a scenario of a sexual assault occurring in the shower area, where the victim immediately runs out and reports the assault to the security staff. Each knew their responsibilities if they were first to be informed, notified, or observe sexual abuse/sexual harassment of an inmate. All 12 interviewed security staff also shared their duties to preserve the potential crime scene of the scenario.</p> <p>This auditor reviewed HRCC’s MOU with the Abused Adult Resource Center (AARC) to offer all HRCC victims’ access to the PREA hotline, victim advocacy services, and emotional support for sexual abuse victims. The MOU has been open ended since 11/1/2021 stating, <i>“STATE may terminate this MOU effective upon delivery of written notice to AARC, or any later date stated in the notice: 1) If AARC fails to provide services required by this MOU within the time specified or any extension agreed to by STATE; or 2) If AARC fails to perform any of the other provisions of this MOU, or so fails to pursue the work as to endanger performance of this MOU in accordance with its terms.”</i></p> <p>This auditor observed the posting of the victim advocacy telephone number posted on Zero Tolerance signage within the facility. This auditor was able to make contact with AARC’s representative to verify collaboration with HRCC for victim advocacy.</p> <p>This PREA auditor concludes that HRCC is in compliance with PREA standard 115.53.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.54. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Website and Coordinated Response Plan” as evidence of compliance with PREA Standard 115.54. When this staff reviewed the</p>

	<p>Website and the Coordinated Response Plan, each shared 8-9 different ways to report a sexual abuse or sexual harassment allegation, as well as third-party reporting on the behalf of a ND-DOCR inmate. This auditor concludes that “ND-DOCR’s Website and Coordinated Response Plan” has the necessary language to align with PREA Standard 115.54.</p> <p>While on site, this auditor interviewed a random selection of 17 inmates, asking of ways an HRCC could report sexual abuse or sexual harassment. There were 15 out of the 17 interviewed inmates, knew that they could report through a 3rd Party. This auditor also reviewed HRCC’s “Facility Handbook,” which provided information on ways to report sexual abuse/harassment through a third-party (legal, family, friend, trusting inmate). This auditor also reviewed the third-party reporting posted on HRCC’s website.</p> <p>This PREA auditor concludes that HRCC is in compliance with PREA standard 115.54.</p>
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.61. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policies and Procedures #1C-03 and 4E-53 as evidence of compliance with PREA Standard 115.61. This auditor reviewed HRCC’s “ND-DOCR Policies #1C-03” and 4E-53, concluding that both have the necessary language to align with PREA Standard 115.61.</p> <p>This auditor also reviewed HRCC’s Inmate Handbook, which provided information to inmates on ways to report sexual abuse/harassment through informing staff, third-party (legal, family member, friend), written reporting, and confidential hotline. This auditor also interviewed 19 randomly selected HRCC specialized staff, security staff, and contractors. Each knew their coordinated responsibilities if informed, suspects, receive information, or become aware of sexual abuse at HRCC. Finally, this auditor interviewed 17 randomly selected inmates and asked, “How do HRCC staff respond to reports or information of sexual abuse or sexual harassment?” All 17 out of 17 interviewed inmates shared that staff immediately respond to reports of sexual abuse or sexual harassment.</p> <p>This PREA auditor concludes that HRCC is in compliance with PREA standard 115.61.</p>

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.62. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) PREA Coordinated Response Plan” as evidence of compliance with PREA Standard 115.62. When this auditor reviewed the PREA Coordinated Response Plan, shared 8-9 different ways to report a sexual abuse or sexual harassment allegation, as well as staff responses to protect vulnerable inmates and inmates at imminent risk of sexual abuse. This auditor concludes that “ND-DOCR’s PREA Coordinated Response Plan” has the necessary language to align with PREA Standard 115.62.</p> <p>This auditor also interviewed 19 randomly selected HRCC specialized staff, security staff, and contractors, asking the question, <i>“If you learn that an inmate may be at imminent risk of sexual abuse, what steps you would take to protect?”</i> There was a consensus amongst the interviewed staff that they would immediately attempt to mitigate the risk by informing supervisory staff and recommending alternative dormitory or programming adjustments. Finally, this auditor interviewed 17 randomly selected inmates. When asked, <i>“How do staff respond to vulnerable inmate, who may be at risk of sexual abuse?”</i> Each interviewed inmate shared that HRCC staff protects vulnerable inmates, and they immediately respond to any reports of inmate risk of sexual abuse or sexual harassment.</p> <p>This PREA auditor concludes that HRCC is in compliance with PREA standard 115.62.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.63. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.63. This auditor reviewed HRCC’s “ND-DOCR</p>

	<p>Policy #3C-04” and has concluded that it has the necessary language to align with PREA Standard 115.63.</p> <p>While on site, this auditor interviewed HRCC’s PREA Compliance Manager (PCM) and Warden. HRCC’s Warden shared that if an inmate reports sexual abuse stemming from a previous facility, HRCC’s Warden will provide a written notice to the previous facility head within 72 hours. HRCC’s PCM further shared that HRCC will provide support through the investigation. Additionally, HRCC’s PREA Compliance Manager/ Deputy Warden and Warden shared that there have been no HRCC inmates which reported sexual abuse from a previous confinement facility. HRCC’s Warden and PCM provided this auditor with a fillable example of HRCC’s <i>“Reporting to Other Confinement Facility”</i> memo which aligns with PREA Standard 115.63. This memo is used by HRCC’s facility head to inform other confinement facility heads of sexual abuse incidents which occurred at a previous confinement facility and was reported by an HRCC inmate. Finally, this auditor interviewed 17 randomly selected inmates. Each interviewed inmate shared they have not reported or have been informed by another inmate that they were a victim of unreported sexual abuse.</p> <p>This PREA auditor concludes that HRCC is in compliance with PREA standard 115.63.</p>
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115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.64. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) PREA Coordinated Response Plan” as evidence of compliance with PREA Standard 115.64. This auditor reviewed the PREA Coordinated Response Plan, which shared each specific staff’s responsibility when an incident of sexual abuse is reported. It also shared specific responsibilities of the first responding staff. This auditor concludes that “ND-DOCR’s PREA Coordinated Response Plan” has the necessary language to align with PREA Standard 115.64.</p> <p>While on site, this auditor interviewed 17 randomly selected inmates. Each inmate shared that they felt comfortable informing staff of any PREA-related incident. Additionally, the 17 interviewed inmates shared that staff protects vulnerable inmates and they immediately respond to any reports of inmate risk of sexual abuse or sexual harassment. This auditor also interviewed 19 randomly selected security staff, specialized, support, and contractors. Each knew their responsibilities as first responders and their coordinated duties. Staff interviewed knew their roles from their</p>

	<p>initial response of separating and calling for assistance to crime scene preservation, suggesting/requesting inmates not to change clothing, use the toilet, or shower. Additionally, each of the 19 randomly selected specialized staff, security staff, contractors, and volunteers acknowledged receiving PREA New Hire and/or PREA refresher training.</p> <p>This auditor also requested to view the training files of each of the 19 randomly selected interviewed staff, to verify up-to-date annual PREA training. HRCC's PREA Compliance Manager provided each staff's <i>"Learner's Transcripts,"</i> as evidence showing that all interviewed HRCC staff were up to date on their <i>"PREA New Hire and/or PREA Refresher"</i> trainings. HRCC's electronic training <i>"Learner's Transcripts"</i> entailed the staff's name, name of the training course, the training type, and the date of training completion. The training tracking spreadsheet showed each staff's training verification of attending. This auditor also reviewed the classroom in-person Power Point training curriculum, PREA Staff Training Lesson Plan, and web-based bi-annual refresher training curriculum used to train employees, contractors, and volunteers. The Power Point, lesson plan and web-based training covered the components identified in PREA Standard 115.64.</p> <p>This PREA auditor concludes that HRCC is in compliance with PREA standard 115.64.</p>
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115.65	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.65. Heart River Correctional Center (HRCC) submitted their "North Dakota Corrections and Rehabilitation (ND-DOCR) PREA Coordinated Response Plan" as evidence of compliance with PREA Standard 115.65. This auditor reviewed the PREA Coordinated Response Plan, which shared each specific staff's coordinated responsibility when an incident of sexual abuse is reported. It also shared specific responsibilities of the first responding staff. This auditor concludes that "ND-DOCR's PREA Coordinated Response Plan" has the necessary language to align with PREA Standard 115.65.</p> <p>While on site, this auditor interviewed 17 randomly selected inmates. Each inmate shared that they felt comfortable informing staff of any PREA-related incident. Additionally, the 17 interviewed inmates shared that staff protects vulnerable inmates and they immediately respond to any reports of inmate risk of sexual abuse or sexual harassment. This auditor also interviewed 19 randomly selected security staff,</p>

	<p>specialized, support, and contractors. Each knew their responsibilities as first responders and their coordinated duties. Staff interviewed knew their roles from their initial response of separating and calling for assistance to crime scene preservation, suggesting/requesting inmates not to change clothing, use the toilet, or shower. Additionally, each of the 19 randomly selected specialized staff, security staff, and contractors, acknowledged receiving PREA New Hire and/or PREA refresher training.</p> <p>Furthermore, this auditor specifically asked each interviewed specialized staff (HRCC’s Warden, Medical, Mental Health, Facility Supervisory, PREA Compliance Manager, PREA Investigator, etc.) their coordinated responsibilities if an inmate is sexually abused while there are on duty (not the 1st Responder). HRCC’s Warden, Medical, Mental Health, Facility Supervisory, PREA Compliance Manager, PREA Investigator knew their coordinated responsibilities.</p> <p>This PREA auditor concludes that HRCC is in compliance with PREA standard 115.65.</p>
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<p>115.66</p>	<p>Preservation of ability to protect inmates from contact with abusers</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.66. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.66. ND-DOCR’s PREA Policy #3C-04 states, <i>“Preservation of ability to protect facility residents from contact with abusers. Standard § 115.66 does not apply to North Dakota since there are no collective bargaining agreements. North Dakota is a right to work state.”</i> This auditor reviewed HRCC’s “ND-DOCR Policy #3C-04” and has concluded that it has the necessary language to align with PREA Standard 115.66.</p> <p>Additionally, this PREA Auditor did not receive any pre-audit documents to be reviewed by Heart River Correctional Center (HRCC) to determine compliance for Standard 115.66. This auditor interviewed ND-DOCR’s Director, who shared that ND-DOCR employees are not union employees, as North Dakota is not a union state. Heart River Correctional Center (HRCC) Warden and PCM/Deputy Warden confirmed that ND-DOCR have not engaged in any collective bargaining on their agency’s behalf or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>This PREA auditor concludes that HRCC is in compliance with PREA Standard 115.66.</p>

115.67	Agency protection against retaliation
	<p data-bbox="256 188 959 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 300">Auditor Discussion</p> <p data-bbox="256 340 1477 1379"> This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.67. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 and PREA Coordinated Response Plan” as evidence of compliance with PREA Standard 115.67. An excerpt from this policy states, “The department PREA compliance manager at each department facility protects all facility residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other facility residents, or staff. Refer to the DOCR Coordinated Response Plan.” An excerpt from ND-DOCR’s Coordinated Response Plan states, <i>“Starting the date an allegation is made, the facility PREA compliance manager is responsible for ensuring all resident and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations are protected from retaliation by other residents or staff. For reports of sexual abuse, the DOCR PREA compliance manager will ensure monitoring continues and appropriate protection measures are available for at least 90 days following a report of sexual abuse. This monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. The DOCR’s obligation to monitor expires if the investigation determines that the allegation is unfounded.”</i> After reviewing HRCC’s “ND-DOCR Policy #3C-04” and “PREA Coordinated Response Plan,” the auditor concludes that both have the necessary language to align with PREA Standard 115.67, specifically retaliation monitoring procedures. </p> <p data-bbox="256 1420 1477 1868"> While on site, this auditor interviewed 2 HRCC Administrative PREA Investigators. HRCC’s PREA Compliance Manager (PCM)/Deputy Warden is also a specialized trained PREA Investigator. All three provided documentation that they were specialized trained. Through these interviews, each knew their responsibilities regarding evidence collection, Miranda/Garrity rights, interviewing procedures, retaliation monitoring, and report-writing protocols. This auditor asked HRCC’s PCM if she conducts retaliation monitoring or assigns monitoring to a designated staff member? HRCC’s PCM stated that Case Managers complete retaliation monitoring. HRCC’s Case Managers shared that retaliation monitoring is completed every 30 days up to 90 days. They also conduct retaliation monitoring meeting which include the PC, PCM, Case Managers and Investigators. </p> <p data-bbox="256 1908 1477 2069"> This auditor requested to see a random selection of 3 completed PREA Administrative Investigations with their retaliation monitoring within the last 12 months. The investigation files submitted included 1 Sexual Abuse, 1 Sexual Misconduct, 1 Sexual Harassment. While reviewing each selected completed investigation packet, this </p>

	<p>auditor identified that 2 of the 3 investigation files had documented evidence of any retaliation monitoring such as: documented initial retaliation monitoring check, face-to-face check-ins (with inmate signature), documentation of program reviews, disciplinary report reviews for this auditor to conclude compliance. The remaining file was unfounded and concluded before retaliation monitoring could begin. Finally, 3 of the 3 reviewed investigations did identify/document that the victim was asked if they wanted to speak to mental health.</p> <p>This PREA auditor concludes that HRCC is in compliance with PREA Standard 115.67.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.68. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3A-18 and Coordinated Response Plan” as evidence of compliance with PREA Standard 115.68. An excerpt from ND-DOCR’s Policy and Procedures #3A-18 states, <i>“Generally, adults in custody who require separation and protective custody should not be placed in restrictive housing. c. Adults in custody are admitted and placed on protective custody status only when there is documentation that protective custody is warranted, and no other reasonable options are available. The chief of security is responsible for ensuring a full investigation is completed on all protective custody requests made by adults in custody or staff. In emergent cases, the shift supervisor may place an adult in custody in the segregation unit until the case is reviewed by the Warden.”</i> An excerpt from ND-DOCR’s Coordinated Response Plan states, <i>“Adults in custody at high-risk for sexual victimization may not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made there is no available alternative means of separation from likely abusers. If an assessment cannot be completed immediately, the adult in custody may be held in involuntary segregated housing for less than 24 hours while assigned staff completes the assessment. If an involuntary segregated housing assignment is made, the case manager shall clearly document in ELITE the basis for the concern for the person’s safety and the reason why no alternative means of separation can be arranged.</i></p> <p><i>Adults in custody placed in involuntary segregated housing for this purpose shall have access to their normal programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges,</i></p>

education, or work opportunities, the facility shall document any opportunities that have been limited, the duration of the limitation, and the reasons for any limitations.

Adults in custody may only be assigned to involuntary segregated housing until an alternative means of separation from likely abusers can be arranged. The assignment may not ordinarily exceed a period of 30 days. Efforts must be made to keep the victim in the victim's normal housing unit to prevent re-traumatization.

Every seven days for the first two months and then 30 days thereafter, the Administrative Segregation review team shall afford each resident a review to determine whether there is a continuing need for separation from the general population.” After review of HRCC's “ND-DOCR Policy #3A-18 and Coordinated Response Plan,” this auditor has concluded that it has the necessary language to align with PREA Standard 115.68 (via 115.43).

While on site, this auditor interviewed HRCC's PREA Compliance Manager/Deputy Warden and Warden. Each were consistent that involuntary protective custody/ segregation is not primarily used because of an inmate reporting that they have suffered sexual abuse at HRCC. HRCC's PCM shared that HRCC follows ND-DOCR's Policy #3A-18 and Coordinated Response Plan. Additionally, while onsite, this auditor conducted an exhaustive onsite assessment and did not identify any inmates in segregated housing for PREA Reporting purposes. This auditor also interviewed 17 randomly selected inmates. Each of the 17 interviewed inmates shared that HRCC does not primarily house inmates who “report a PREA.”

This PREA auditor concludes that HRCC is in compliance with PREA standard 115.68.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center's Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.71. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #1A-27, #1A-09, and #3A-12,” as evidence of compliance with PREA Standard 115.71. This auditor reviewed HRCC's “ND-DOCR Policies #1A-27, #1A-09, and #3A-12,” concluding that all have the necessary language to align with PREA Standard 115.71, specifically investigation procedures.</p> <p>This PREA auditor also reviewed “ND-DOCR's Coordinated Response Plan,” which discusses the conduct of Administrative PREA Investigations. An excerpt from “ND-</p>

DOCR's Coordinated Response Plans" states, "The DOCR is responsible for conducting administrative investigations into allegations of sexual abuse. The DOCR shall identify a PREA Investigator, who shall initiate a thorough and objective investigation for all allegations within 24 hours or as circumstances dictate.

PREA Investigators shall gather and preserve direct and circumstantial evidence, including available physical and DNA evidence and available electronic monitoring data; shall interview victims, perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

PREA Investigators shall assess the credibility of victims, perpetrators, and witnesses on an individual basis and not by the person's status as adult in custody/juvenile or staff. The DOCR may not require a person who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Administrative investigations must include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative written report must include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The DOCR may not terminate the investigation based on the discharge or termination of employment of the perpetrator or victim.

CRIMINAL INVESTIGATIONS *If, during the administrative investigation, it is found there were acts that are potentially criminal, the administrative investigation will stop until the conclusion of the criminal investigation unless directed to do otherwise by the DOCR Director."* This auditor also reviewed HRCC's Memorandum of Understanding (MOU) with "North Dakota Highway Patrol (NDHP)" to conduct sexual abuse criminal allegations at HRCC.

While on site, this auditor interviewed 2 HRCC Administrative PREA Investigators. HRCC's PREA Compliance Manager (PCM)/Deputy Warden is also a specialized trained PREA Investigator. All three provided documentation that they were specialized trained. Through these interviews, this auditor determined that each knew their responsibilities regarding evidence collection, Miranda/Garrity rights, interviewing procedures, retaliation monitoring, and investigation report-writing protocols. HRCC's PCM shared that all PREA reports and completed investigations are retained electronically.

This auditor requested a random selection of 3 completed PREA Administrative Investigations within the last 12 months. HRCC's PCM submitted 3 investigation files for this auditor to review. The investigation files submitted included 1 Sexual Abuse, 1 Sexual Misconduct, and 1 Sexual Harassment. (1 substantiated, 1 Unsubstantiated, and 1 Unfounded.) These 3 files were neatly organized, and investigation details were robust in content (from details of the initial incident, interviews, evidence identification, and video evidence used), and reports did provide clear detail of how the investigator arrived at their outcome determination. This auditor reviewed inmate notification, incident review meeting evidence, and mental health referral in 3 of the 3 submitted investigation files. 2 out of 3 had retaliation monitoring as one

	<p>investigation concluded as unfounded and thus did not initiate retaliation monitoring. All investigation conclusions did have preponderance of evidence conclusions (substantiated, unsubstantiated, or unfounded) and recommendations.</p> <p>This PREA Auditor concludes that HRCC is in compliance with PREA Standard 115.71.</p>
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115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.72. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) PREA Coordinated Response Plan” as evidence of compliance with PREA Standard 115.72. This auditor reviewed the PREA Coordinated Response Plan which stated, <i>“For each allegation investigated under PREA, the PREA investigator shall make a final determination on whether the allegation is substantiated, unsubstantiated, or unfounded. The allegation will be considered substantiated if a preponderance (more than 50 percent) of the credible evidence supports this finding. If the investigation produced insufficient evidence to make a final determination as to whether the incident occurred, it will be considered unsubstantiated. If the investigation determines that the incident did not occur, the allegation will be considered unfounded. If the investigation reveals a resident made a false allegation in bad faith, disciplinary action may be imposed.”</i> After reviewing “ND-DOCR’s PREA Coordinated Response Plan,” this auditor concludes that it has the necessary language to align with PREA Standard 115.72.</p> <p>While on site, this auditor interviewed 2 HRCC Administrative PREA Investigators. HRCC’s PREA Compliance Manager (PCM)/Deputy Warden is also a specialized trained PREA Investigator. All three provided documentation that they were specialized trained. Through these interviews, this auditor determined that each knew their responsibilities regarding evidence collection, Miranda/Garrity rights, interviewing procedures, retaliation monitoring, and investigation report-writing protocols. HRCC’s PCM shared that all PREA reports and completed investigations are retained electronically.</p> <p>This auditor requested a random selection of 3 completed PREA Administrative Investigations within the last 12 months. HRCC’s PCM submitted 3 investigation files for this auditor to review. The investigation files submitted included 1 Sexual Abuse, 1 Sexual Misconduct, and 1 Sexual Harassment. (1 substantiated, 1 Unsubstantiated, and 1 Unfounded.) These 3 files were neatly organized. All investigation conclusions</p>

	<p>did have preponderance of evidence conclusions (substantiated, unsubstantiated, or unfounded) and recommendations.</p> <p>This PREA Auditor concludes that HRCC is in compliance with PREA Standard 115.72.</p>
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115.73	Reporting to inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.73. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) PREA Coordinated Response Plan” as evidence of compliance with PREA Standard 115.73. This auditor reviewed the PREA Coordinated Response Plan, which shared each specific staff’s coordinated responsibility when an incident of sexual abuse is reported. It also shared specific responsibilities of the Administrative PREA Investigator(s). This auditor concludes that “ND-DOCR’s PREA Coordinated Response Plan” has the necessary language to align with PREA Standard 115.73.</p> <p>While on site, this auditor interviewed 2 HRCC Administrative PREA Investigators. HRCC’s PREA Coordinator submitted copies of their PREA Investigator’s Specialized Training through the National Institute of Corrections (NIC). Each interviewed investigator knew their responsibilities regarding evidence collection, Miranda/Garrity rights, interviewing procedures, retaliation monitoring, and report-writing protocols. This auditor requested to see a random selection of 3 completed PREA Administrative Investigations within the last 12 months (1 substantiated, 1 Unsubstantiated, and 1 Unfounded.) Three reviewed investigation files submitted were neatly organized, had detailed and robust content from initial incident and interviews to evidence identification. Furthermore, the investigation reports had a detailed summary of the investigation, preponderance of evidence conclusion (substantiated, unsubstantiated, or unfounded), and recommendations. Three of the 3 investigation packets had “<i>Notice of PREA Investigation Status</i>” (inmate notifications) present in the completed file.</p> <p>This PREA Auditor concludes that HRCC is in compliance with PREA Standard 115.73.</p>

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.76. The Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #1C-22 and #1A-09” as evidence of compliance with PREA Standard 115.76. This auditor reviewed HRCC’s “ND-DOCR Policies #1C-22 and #1A-09, concluding that all have the necessary language to align with PREA Standard 115.72, specifically disciplinary sanctions for staff.</p> <p>This PREA auditor also reviewed the ND-DOCR "Employee Handbook." This auditor also interviewed HRCC’s Warden, HRCC’s PREA Compliance Manager/Deputy Warden, and ND-DOCR’s Human Resources Manager. Each universally shared ND-DOCR’s Employee Termination Policy which states, <i>“Involuntary termination is the most severe disciplinary action and is intended as a final action. This level of discipline will normally be taken when previous disciplinary actions have been ineffective. Termination from employment may be used earlier in the disciplinary process when it is necessary and consistent with the serious nature of the performance or behavioral infraction. Termination from employment action requires the supervisor to carry out a pre-action process.”</i> HRCC’s Wardens further shared that HRCC responses for substantiated outcomes of sexual abuse and sexual harassment investigations can range in various forms of disciplinary actions, up to termination and criminal referral.</p> <p>This PREA auditor concludes that HRCC is in compliance with PREA standard 115.76.</p>
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.77. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.77. This auditor reviewed HRCC’s “ND-DOCR Policy #3C-04” and has concluded that it has the necessary language to align with PREA Standard 115.77.</p>

	<p>While on site, this auditor also interviewed HRCC’s Warden, HRCC’s PREA Compliance Manager/Deputy Warden, and ND-DOCR’s Human Resources Manager. Each individually shared that the extent of ND-DOCR’s disciplinary actions for contractors and volunteers are based on the incident and review of actions ND-DOCR has historically taken with similar infractions. ND-DOCR’s PREA Policy (3C-04) states, <i>“Disciplinary measures for any contractor or volunteer who has been found to have engaged in sexual abuse or sexual harassment will be commensurate with disciplinary measures used with facility staff for similar offenses.”</i> HRCC’s PCM/ Deputy Warden further shared that HRCC responses for substantiated outcomes of sexual abuse and sexual harassment investigations can range in various forms of disciplinary measures, up to notifying licensing bodies and criminal referral.</p> <p>This PREA auditor concludes that HRCC is in compliance with PREA standard 115.77.</p>
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115.78	Disciplinary sanctions for inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.78. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Facility Handbook” as evidence of compliance with PREA Standard 115.78. This auditor reviewed the PREA Coordinated Response Plan, which shared each specific staff’s coordinated responsibility when an incident of sexual abuse is reported. It also shared specific responsibilities of the Administrative PREA Investigator(s). This auditor concludes that “ND-DOCR’s PREA Coordinated Response Plan” has the necessary language to align with PREA Standard 115.78.</p> <p>This auditor interviewed 17 inmates and asked about HRCC’s rules and sanctions for inmate-on inmate sexual abuse or sexual harassment. Inmates were clear that sexual abuse and sexual harassment is not tolerated at HRCC. Each interviewed inmate stated that sexual abuse is not tolerated and is a “LEVEL 3” infraction. This auditor reviewed in the “Facility Handbook” to see what sanctions are connected to a “LEVEL 3” infraction, The handbook stated, <i>“The disciplinary committee may impose any of the following sanctions, or any combination of the following sanctions, for a Level III offense:</i></p> <ol style="list-style-type: none"> 1. <i>Stop accrual of Performance Based Sentence Reduction (good time).</i> 2. <i>Loss of PBSR already earned.</i>

3. *Disciplinary segregation up to 90 days.*
4. *Restriction to Quarters up to 30 days.*
5. *Financial sanctions, including fees, fines, restitution, and forfeiture of monies.*
6. *Loss of property up to expiration of sentence.*
7. *Loss of privileges up to expiration of sentence.*
8. *Removal from a program or transfer to more secure housing.*
9. *Any sanctions listed for Level I and II infractions.*

When multiple codes exist on a single report, you may receive a total of up to, but not more than, double the above-listed sanctions.

In the event that the disciplinary committee chooses to reduce a Level III infraction report to a Level II or I infraction report, the committee may only apply any combination of those sanctions applicable to Level II or I infractions. If there is a reduction in sanctions from Level III to Level II or Level I, you cannot appeal to the Warden.

The disciplinary committee has the authority to apply any sanction up to the maximum of the range indicated and suspend any portion thereof. The suspension of any sanctions by the disciplinary committee does not result in the dismissal of the infraction report.”

Finally, this PREA auditor interviewed HRCC’s PREA Compliance Manager/Deputy Warden and HRCC’s Warden, who individually shared HRCC’s protocol on substantiated inmate-on-inmate sexual abuse investigations. Both were aligned with policy on inmate sanctions for sexual abuse/sexual harassment sharing that sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Each interviewed also shared that the disciplinary committee does take into consideration any diagnosed/documentated mental health history/mental disabilities prior to making sanction determinations.

This PREA auditor concludes that HRCC is in compliance with PREA standard 115.78.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.81. Heart River Correctional Center (JRCC) submitted their “North Dakota

Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 and #4F-10 "Sex Offender Assessment" as evidence of compliance with PREA Standard 115.81. This auditor reviewed HRCC's "ND-DOCR Policy #3C-04 and #4F-10" and concluded that they have the necessary language to align with PREA Standard 115.81.

While on site, this auditor interviewed HRCC's Treatment Coordinator, 2 HRCC Case Managers, and 2 HRCC Unit Managers. Through these various interviews, this PREA auditor gathered that from the Unit Manager that prior to an inmate's arrival to HRCC, the rating score is noted. A Residential Treatment Agent (RTA) completes the initial intake housing assessment/placement and assigns bedding location. The RTA III Supervisor shared that each housing unit has an assigned Case Manager who completes the "24-hour PREA Transfer Screening."

HRCC's "24-hour PREA Transfer Screening" consists of 5 PREA transfer screening questions, which were approved by this PREA Auditor's recommendation from another ND-DOCR facility's audit which asks,

1. *History of being a victim of predatory or aggressive sexual actions in an institutional setting?*
2. *Verbalize fear for personal safety or sexual victimization?*
3. *History of institutional predatory behavior, including jail, since your last PREA Assessment?*
4. *Would you like to share any additional information that you did not share during your previous screening?*
5. *Have you reported or would like to report an incident of sexual abuse or sexual harassment that occurred since your previous screening?*

During the interviews with HRCC's Case Manager, this auditor asked the Case Manager, "What happens when an inmate answers "yes" to question #1 or #3; or the assessment screening identifies the inmate as having a history of being a victim or predatory ("yes" to #1 or #3)?" HRCC's Case Manager shared, "Nothing further happens." As this auditor probed more, HRCC's Case Manager further shared that the Case Manager administering the "24-hour PREA Transfer Screening" does not pass this information on/refer the inmate to mental health for a follow-up to be conducted within 14-days of the screening. Additionally, in this auditor's interview with HRCC's Treatment Coordinator, she also informed this auditor that she doesn't engage in any further actions. She also shared that she had no knowledge that a 14-day follow-up should occur. This auditor informed HRCC's Case Manager and Treatment Coordinator that the person administering the "24-hour PREA Transfer Screening" should make a referral to mental health staff to follow-up with inmates who have history of sexual victimization and/or sexual abusiveness. This follow-up meeting with these HRCC inmates, who have been identified with a history of sexual victimization and/or sexual abusiveness, should occur within 14 days of the intake screening and should be specifically documented.

This auditor also reviewed ND-DOCR's "PREA Rating Assessment Manual," which provides PREA screening, assessment, and re-assessment procedures for various

inmate-types who goes through HRCC's intake (Initial Intake, Temporary Leave, Transfer, and Parole violating inmates). HRCC also shared the PREA Admissions Screening form for each mentioned inmate-type being assessed. There was no mention of 14-day follow-up as Case Managers shared that re-assessments are only done annually and not due to a triggering event.

This auditor also recommended that HRCC coordinate adjustments to their Intake procedures to ensure that only Case Managers, RTA III Supervisors and above should be the only staff to assign or change HRCC inmate bedding and housing assignments. Additionally, this auditor recommended that Case Managers provide a follow-up meeting referral to mental health staff to conduct follow-up meetings with inmates who have a history of sexual victimization or sexual abusiveness. This referral from intake should be submitted immediately concluding the PREA risk screening, and the follow-up meeting with mental health should be within 14-days of the conclusion of the PREA risk screening. This auditor also recommended that 14-day follow-up documentation should show that the follow-up meetings were a result of the inmate's PREA risk screening. Finally, this auditor also recommended that HRCC establish a consistency in practice of ensuring that each inmate who is identified as having history of sexual victimization or sexual abusiveness are referred to mental health, and the referral is conducted within 14 days and properly documented.

During HRCC's Corrective Action Period (CAP), this auditor conducted a meeting and engaged in a series of email correspondence with ND-DOCR's PREA Coordinator and HRCC's PREA Compliance Manager (PCM). The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, HRCC's PREA Compliance Manager (PCM) submitted revised internal procedures for their Mental Health and Case Management team, to ensure that inmates with histories of sexual victimization or sexual perpetration. HRCC submitted internal procedures are as follows:

MH SREENINGS:

1. *Initial screening must be completed in the first seven (7) from admission to HRCC.*

2. *Prior to screening check the resident's PREA Rating in Elite. Booking, Offender Alerts.*

a. *Check initial screening at admission (long version completed at DWCR) to see if resident indicated they have 1- experienced prior sexual victimization, institutional or community (There are a couple of PREA assessment questionnaires in Elite. This could be either Vulnerability factor 2 or 3) or 2- has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community (Vulnerability factor 1).*

i. *To find answers to the questions about previously perpetrated sexual abuse or sexual victimization: Classification, Assessment, highlight PREA Intake/Admission (PREA 24 hour/Transfer), click on Questionnaire. Lower right side click Next Question to see questions and answers. Click Exit to get out (DO NOT save). If yes to either, the resident will require a follow up meeting, within 14 days of*

intake screening at admission to HRCC. In this meeting, treatment services are to be offered.

PREA Rating Key:

- a.** KV: Known Victim
- b.** PV: Potential Victim
- c.** UN: Unrestricted
- d.** PA: Potential Aggressor
- e.** KA: Known Aggressor

ii. If the resident indicates in the ACEs or LEC-5 screening they have experienced prior sexual victimization a 14-day follow will need to be completed. Please update the spreadsheet that a follow up meeting is required and the date it is due by.

3. The follow up meeting will be documented in Avatar. The first sentence should indicate: A PREA 14 day follow up meeting with mental health staff was completed on XX/XX/XXXX by XXXXXXXX as a result of a PREA Risk Assessment.

4. Our screening includes several parts: MHCL, ACEs, LEC-5, PREA screening, previous treatments, and mental health concerns.

5. Documentation of this meeting will be placed in the following areas:

a. MHCL - Avatar

b. 2nd Screening paragraph: Avatar, and online <http://doc.intranet.nd.gov/MHS/Login.aspx?ReturnUrl=%2fMHS%2f>

c. Place info on MHCL, ACEs, LEC-5, need for 14-day FU (need and date completed) in HRCC Resident Tracking spreadsheet on the G drive.

6. Print MHCL, scan, and place in folder to be uploaded to Filenet. The MHCL is the only assessment that needs to be uploaded to Filenet.”

Additionally, HRCC submitted progress notes from mental health of a random selection of inmates who had history of sexual victimization/sexual perpetration. The randomly selected progress notes and dates were 8/18/24, 9/13/24, 10/02/24, and 11/18/24. Each mental health progress was completed prior to the 14-day threshold required by this PREA Standard 115.81 and contained a description of the purpose of the encounter with mental health, as well as related content. This auditor deems that HRCC has provided evidence of consistency in practice with their revised procedures and practice to align with this PREA standard.

This PREA auditor concludes that HRCC is in compliance with PREA standard 115.81.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="256 264 544 293">Auditor Discussion</p> <p data-bbox="256 338 1474 913">This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.82. Heart River Correctional Center (JRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 and PREA Coordinated Response Plan” as evidence of compliance with PREA Standard 115.82. This auditor reviewed the PREA Coordinated Response Plan, which shared each specific staff’s coordinated responsibility when an incident of sexual abuse is reported. It also shared specific responsibilities of Medical Services and Mental Health Care. This auditor concludes that “ND-DOCR’s Policy and Procedures #3C-04 and PREA Coordinated Response Plan” have the necessary language to align with PREA Standard 115.82.</p> <p data-bbox="256 958 1474 1279">While on site, this auditor conducted an exhaustive site assessment of HRCC medical triage area. Due to spacing and onsite resources, this area is only equipped to manage peripheral medical needs and dental services. HRCC’s Director of Nursing (DON) also shared that the medical team pick up inmate “<i>sick call forms</i>” 2 times each day when the specific day’s nurse is on duty. Decisions are made based on her and her team’s professional judgements. She further stated that victim inmates are informed about emergency contraception by the local hospital and followed-up by HRCC medical team.</p> <p data-bbox="256 1323 1474 1771">The Director of Nursing and the Treatment Coordinator shared that they work together to ensure that the inmate victims receive appropriate medical and mental health care, as well as emotional support provisions. This auditor interviewed HRCC’s Director of Nursing (DON)who shared that inmate victims of sexual abuse receive unimpeded access to medical services with community partner hospitals such as Sanford Medical Center, for acute/serious medical services. HRCC’s Deputy Warden shared in OAS, “<i>All of our medical services provided in response to sexual assault are through a local hospital. We would work in collaboration with them as well as the victim advocate provided by Abused Adult Resource Center (AARC).</i>” Finally, HRCC’s Deputy Warden and DON shared that medical, mental health, and crisis intervention services are provided to the victims of sexual abuse without financial cost.</p> <p data-bbox="256 1816 1474 2011">Finally, this auditor interviewed a random selection of 17 inmates, asking about the effectiveness of medical and mental health care. All 17 inmates shared positive responses about the provision of services by HRCC medical and mental health team. There was consistency in responses that the “<i>sick call</i>” requests turnaround time is within 24 hours.</p> <p data-bbox="256 2056 1474 2085">This PREA auditor concludes that HRCC is in compliance with PREA standard 115.82.</p>

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.83. Heart River Correctional Center (JRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 and PREA Coordinated Response Plan” as evidence of compliance with PREA Standard 115.83. This auditor reviewed the PREA Coordinated Response Plan, which shared each specific staff’s coordinated responsibility when an incident of sexual abuse is reported. It also shared specific responsibilities of Medical Services and Mental Health Care. This auditor concludes that “ND-DOCR’s Policy and Procedures #3C-04 and PREA Coordinated Response Plan” have the necessary language to align with PREA Standard 115.83.</p> <p>While on site, this auditor conducted an exhaustive site assessment of HRCC medical triage area. Due to spacing and onsite resources, this area is only equipped to manage peripheral medical needs and dental services. HRCC’s Director of Nursing (DON) also shared that the medical team pick up inmate “<i>sick call forms</i>” 2 times each day when the specific day’s nurse is on duty. Decisions are made based on her and her team’s professional judgements. She further stated that victim inmates are informed about emergency contraception by the local hospital and followed-up by HRCC medical team.</p> <p>The Director of Nursing and the Treatment Coordinator shared that they work together to ensure that the inmate victims receive appropriate medical and mental health care, as well as emotional support provisions. This auditor interviewed HRCC’s Director of Nursing who shared that inmate victims of sexual abuse receive unimpeded access to medical services with community partner hospitals such as Sanford Medical Center, for acute/serious medical services. HRCC’s Deputy Warden shared in OAS, “<i>All of our medical services provided in response to sexual assault are through a local hospital. We would work in collaboration with them as well as the victim advocate provided by Abused Adult Resource Center (AARC).</i>” Finally, HRCC’s Deputy Warden and DON shared that medical, mental health, and crisis intervention services are provided to the victims of sexual abuse without financial cost. HRCC’s DON further stated that victim’s inmates are offered sexually transmitted infections tests, informs about emergency contraception, and provides follow-up medical services.</p> <p>Finally, this auditor interviewed a random selection of 17 inmates, asking about the effectiveness of medical and mental health care. All 17 inmates shared positive</p>

	<p>responses about the provision of services by HRCC medical and mental health team. There was consistency in responses that the “sick call” requests turnaround time is within 24 hours.</p> <p>This PREA auditor concludes that HRCC is in compliance with PREA standard 115.83.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.86. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.86. This auditor reviewed HRCC’s “ND-DOCR Policy #3C-04” and has concluded that it has the necessary language to align with PREA Standard 115.86.</p> <p>While on site, this auditor requested to see a random selection of 3 completed PREA Administrative Investigations within the last 12 months (1 Sexual Harassment, 1 Sexual Abuse and 1 Unfounded). The 3 reviewed investigation files submitted were neatly organized, had detailed and robust content from initial incident and interviews to evidence identification. Furthermore, the investigation reports had a detailed summary of the investigation, preponderance of evidence conclusion. This auditor interviewed HRCC’s PREA Compliance Manager/Deputy Warden and Warden. HRCC’s Warden shared the HRCC is currently conducting Sexual Abuse Incident Review (SAIR) at the conclusion of sexual abuse investigations (unless unfounded) within 30-days of the conclusion of the sexual abuse investigation. Sexual Abuse Incident Review (SAIR) Meetings were observed to be compliant after reviewing all completed investigations. All meetings were documented including the team that attended. They further shared that the goal of the meetings is to review sexual abuse incidents to see if the incident was motivated by policy or practice flaws, race and ethnicity, physical barriers, staffing levels, monitoring practice and technology flaws.</p> <p>This PREA auditor concludes that HRCC is in compliance with PREA standard 115.86.</p>

115.87	Data collection
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p>
	<p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.87. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.87. This auditor reviewed HRCC’s “ND-DOCR Policy #3C-04” and has concluded that it has the necessary language to align with PREA Standard 115.87.</p> <p>This PREA auditor reviewed ND-DOCR’s website: https://www.docr.nd.gov/prison-rape-elimination-act-overview/docr-prea-audit-reports-and-annual-reports and able to view Heart River Correctional Center’s "2021, 2022 and 2023 Annual Reports." This auditor was able to verify that uniformed data is collected and disseminated to the public. These annual reports also consisted of HRCC’s incident-based sexual abuse data collected annually. ND-DOCR’s PREA Coordinator was able to show how their data is collected and stored for audit, review, and corrective action purposes.</p> <p>This PREA auditor concludes HRCC is in compliance with PREA standard 115.87.</p>

<p>115.88</p>	<p>Data review for corrective action</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.88. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.88. This auditor reviewed HRCC’s “ND-DOCR Policy #3C-04” and has concluded that it has the necessary language to align with PREA Standard 115.88.</p> <p>This PREA auditor reviewed ND-DOCR’s website: https://www.docr.nd.gov/prison-rape-elimination-act-overview/docr-prea-audit-reports-and-annual-reports and able to view Heart River Correctional Center’s "2021, 2022 and 2023 Annual Reports." This auditor was able to verify that uniformed data is collected and disseminated to the public. These annual reports also consisted of HRCC’s incident-based sexual abuse data collected annually. ND-DOCR’s PREA Coordinator was able to show how their data is</p>

	<p>collected and stored for audit, review, and corrective action purposes.</p> <p>This PREA auditor concludes HRCC is in compliance with PREA standard 115.88.</p>
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115.89	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Heart River Correctional Center (HRCC) pre-audit evidentiary documents uploaded via PREA Resource Center’s Online Audit System (OAS), as well as documents submitted through other electronic sources. This PREA Auditor also relied upon documentation from on-site interviews, as well as on-site documents/files reviewed and observations to determine compliance for Standard 115.89. Heart River Correctional Center (HRCC) submitted their “North Dakota Corrections and Rehabilitation (ND-DOCR) Policy and Procedures #3C-04 as evidence of compliance with PREA Standard 115.83. This auditor reviewed HRCC’s “ND-DOCR Policy #3C-04” and has concluded that it has the necessary language to align with PREA Standard 115.89.</p> <p>This PREA auditor reviewed ND-DOCR’s website: https://www.docr.nd.gov/prison-rape-elimination-act-overview/docr-prea-audit-reports-and-annual-reports and able to view Heart River Correctional Center’s “2021, 2022 and 2023 Annual Reports.” This auditor was able to verify that uniformed data is collected and disseminated to the public. These annual reports also consisted of HRCC’s incident-based sexual abuse data collected annually. ND-DOCR’s PREA Coordinator was able to show how their data is collected and stored for audit, review, and corrective action purposes.</p> <p>Finally, HRCC also reported that PREA-related sexual abuse data is stored and maintained for a minimum of 10 years (pursuant to 115.87). HRCC submitted their ND-DOCR Chapter 25-03.3 “Commitment to Sexually Dangerous Individuals” Policy -(25-03.3-04 Retention of records) which states, <i>“Notwithstanding any other provision of law, all adult and juvenile case files and court records of an alleged offense defined by chapters 12.1-20 and 12.1-27.2 must be retained for twenty-five years and made available to any state's attorney for purposes of investigation or proceedings pursuant to this chapter. If the subject of a case file or court record has died before the expiration of the twenty-five-year period, the official, department, or agency possessing the case files and records shall maintain the case files and records in accordance with the case file and records retention policies of that official, department, or agency. For purposes of this section, "adult and juvenile case files" mean the subject's medical, psychological, and treatment clinical assessments, evaluations, and progress reports; offenses in custody records; case notes; and criminal investigation reports and records.”</i></p> <p>This PREA auditor concludes that HRCC is in compliance with PREA standard 115.89.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>HRCC understands PREA Standard 115.401, which states, <i>“During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.”</i> HRCC plans to continue to have a PREA audit conducted every three years. Though this is Cycle 4 Year 3, this is HRCC’s second PREA Facility Audit.</p> <p>This auditor had access to, and the ability to observe, all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents. The auditor was permitted to conduct private interviews with inmates. The HRCC inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>This PREA auditor concludes HRCC is in compliance with PREA standard 115.401.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>North Dakota Corrections and Rehabilitation (ND-DOCR) submitted their ND-DOCR’s website: https://www.docr.nd.gov/prison-rape-elimination-act-overview/docr-prea-audit-reports-and-annual-reports. This auditor was able to view Heart River Correctional Center’s previous PREA Facility Audit Final Report. This auditor was also able to see Heart River Correctional Center’s <i>“2021, 2022 and 2023 Annual Reports.”</i> This website is available for public viewing.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to 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 inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	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 inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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 inmates 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	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates 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 inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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 inmates 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	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates 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 inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A 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? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates 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 inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates 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 inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates 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 inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent 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 administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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	yes

	suspicious 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.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate 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 inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate 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 inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates 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 inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	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 inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates 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 inmates 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 inmates, does the agency always refrain from placing: transgender inmates 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 inmates 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 inmates, does the agency always refrain from placing: intersex inmates 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	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates 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 inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates 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.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate 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	na

	this standard.)	
	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.)	na
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate 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.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, 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.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate 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.).	na
	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.)	na
	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.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	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.)	na
	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.)	na
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	yes

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates 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	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate 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 an inmate 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 an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	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?	
	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 inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate 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 inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	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 115.21(a).)	
	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 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b) Reporting to inmates		
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c) Reporting to inmates		
	Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate'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 an inmate'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 an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d) Reporting to inmates		
	Following an inmate's allegation that he or she has been sexually abused by another inmate, 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 an inmate's allegation that he or she has been sexually	yes

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

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	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 inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	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	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate 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 inmates 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
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates 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
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 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 § 115.87 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	yes

	to § 115.87 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?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

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

(f)		
	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